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Original Communications.

ARTICLE I.—*Some Remarks upon Cases of Obstruction of the Bowels in which Surgical Means were used.* By A. REEVES JACKSON, M.D., Chicago, Ill.

(Continued from page 135.)

CASE III.—*Intussusception of the ileum—Peritonitis—Puncture of Bowel—Death.*

James W., aged 17 years, a house painter's apprentice, was awakened about midnight with violent spasmodic pains, a little below and to the right of the umbilicus. He arose and passed a natural stool, with temporary relief. The pain returned in a few minutes, and was accompanied with cramps in the thighs. He took two table-spoonsful of sulphate of magnesia, and had hot applications to the abdomen. The pain, which was described as being of a sharp, tearing character, and occasionally as though the bowel was constricted by a cord, continued, and a glass of hot, spiced whisky was taken two hours after the salts. This was almost immediately ejected by vomiting. During the next day the abdomen became somewhat distended, and nausea and vomiting were quite frequent, the ejected matter consisting of a yellowish fluid, having an unpleasant but not feculent odor.

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He came under the care of the writer September 17th, 1868, two days after the commencement of the attack. At this time he was pale, and his expression somewhat contracted; pulse 120, small, quick and wiry; tongue dry, and covered with a yellowish-brown fur. His gums presented a bluish margin. The abdominal walls were moderately distended and resonant, except in the right iliac fossa, where a hard, somewhat cylindrical tumor was distinctly felt, its axis lying across the abdomen, and extending beyond the median line. The urine had been passed in normal quantity throughout the attack. The rectum was empty.

Here were spasm, constipation, abdominal pain, blueness of gums, and the fact that the patient had been engaged in an occupation that exposed him to the influence of lead poison. On the other hand, there was the existence of a suddenly formed tumor, which, when taken in connection with localized pain, obstinate constipation, vomiting, and the passage of blood, constitutes the most distinctive and reliable sign of intussusception. Although in this case there had been no appearance of blood, I regarded the symptoms sufficiently well marked to warrant a diagnosis of the last-named condition.

Hot fomentations and poultices were applied to the abdomen, and a large enema of thin gruel, administered through a long, flexible tube, passed carefully into the colon. This was returned, in about half an hour, unchanged. A full dose of sulphate of morphia, in combination with two grains of calomel, was given, with orders for its repetition every four hours.

18th. All the symptoms were worse. The abdominal pain was intense and constant; the stomach rejected everything; substances vomited were now plainly stercoraceous, and contained blood. The patient's countenance was pale, haggard, and anxious; skin cool and dry; pulse 130, small, thready and weak; respirations 30, but much quickened with slight exertion; tongue dry and cracked. He was lying on his back, with the legs drawn up. The abdomen was enormously distended, and resonant in every part except the most dependent, while the integument covering it was tense and shining. Urine was passed in full quantity, without the patient rising. Several enemata of warm water, thin broths, etc., each containing laudanum, had been given, but all were quickly returned, some tinged with blood, while others were unchanged.

Believing that the greater part of the patient's sufferings arose from the excessive tympanites, I punctured the abdomen at a prominent point just below the umbilicus, by means of a small exploring trocar. This was followed by the escape, through the tube, of a large quantity of slightly fetid gas, with subsidence of the abdominal fulness, and great and immediate relief to the symptoms. The patient could now bear sufficient pressure upon the abdomen to enable me to feel the sausage-like tumor of the right side again, and I also discovered the presence of a considerable amount of effusion.

Hot fomentations, containing turpentine and opium, were now assiduously applied; mercurial ointment was rubbed into the skin, inside of the thighs; and suppositories, containing two grains of opium, were placed in the rectum every four hours.

After a time the patient fell into a disturbed sleep, which lasted two hours. On awaking he was exceedingly thirsty, and took a large draught of water. This produced vomiting, and a return of the pain. The abdominal distension also rapidly returned, and at ten o'clock in the evening—thirteen hours after the tapping—it was as great as before.

19th. This morning found the patient still worse. The abdomen was stretched to its utmost capacity. The superficial veins were turgid and prominent, and the skin glistening. The knees were drawn closely up to the chest. The surface was cool and moist; pulse 120, small and tense; respirations 30; urine somewhat scanty and highly colored. He is tormented with insatiable thirst, and drinks plentifully, everything being instantly rejected. The vomited matters are mostly clear, consisting of the water swallowed, together with a yellowish-brown substance, having a sour, unpleasant, feculent odor, and sometimes turbid.

The gas was again drawn off by means of the trocar, but the relief afforded was not nearly so great as before. During the day he steadily grew worse. The feculent vomiting became almost constant; delirium set in during the following night; he then became comatose, and died at 8 A. M., on the fifth day of the sickness.

The inspection was made eight hours after death. The abdomen was much enlarged from flatulent distension of the small intestine. The peritoneum was greatly injected, and its cavity contained

nearly two pints of serum, and also collections of thin pus. Feeble adhesions, by means of recently-effused lymph, were observed between contiguous surfaces of the intestinal coils. On laying open the large intestine, a portion of the ileum, about six inches in length, was found invaginated in the cæcum and colon, and tightly constricted by the ileo-cæcal valve. Above the point of obstruction, the intestines were deeply congested, distended with gas, and contained also a large quantity of a yellow, pultaceous fecal matter. Below it, the transverse colon was filled with gas, but the remainder of the bowel was empty and healthy.

Remarks.—No one whose attention has been directed to the literature of obstruction of the bowel, can fail to be struck with the fact that very many of the cases which have resulted fatally might, in all probability, have been saved by a timely surgical operation. In reading the accounts of the autopsies of such cases, how frequently do we find that the cause leading to the fatal result is stated to be a band of adhesion—a twisting of the bowel—slight intussusception—and other mechanical derangements, quite easily relieved by surgical interference, and yet almost certain to end in death without such interference. I am well aware of the fatality that has attended operations for the relief of internal strangulation, but cannot resist the conviction that in many of them the untoward result has been due, not to the operation itself, but to the delay in resorting to it. Perhaps there is more force in some other objections that have been urged against the use of surgical means in these cases. For example, the peritoneum is either already inflamed or in a state of intense congestion, and both conditions are likely to be aggravated by gastrotomy. But is the operation more certain to produce this result than a continuance of the strangulation? I think not; and if the obstruction is of such character as to be susceptible of relief by operation, surely the patient's chances for recovery are very much increased.

It has been urged, too, that the difficulties in the way of accurate diagnosis constitute an objection to gastrotomy. This objection had more weight a quarter of a century ago than at the present time; for, thanks to the labors of such men as Hilton, Brinton, Habershon and others, many cases, that in their diagnostic aspect were obscure at that time, are now comparatively clear. Never-

theless, it must be admitted that there are even yet few conditions that present more puzzling features than some of these cases of obstructed bowel. Still, even here, when the symptoms have been sudden in their onset, the pain acute, paroxysmal and limited to one spot, the constipation unyielding to laxatives, opium, the warm-bath, etc., and although we may be in doubt as to the exact nature of the obstruction, I would regard it as entirely proper to make an exploratory operation, guided by the site of pain. Operations of this kind, now so common in cases of obscure abdominal tumors, are attended with comparatively little danger, and are sufficient to decide the diagnosis, and determine the treatment. Indeed, if this whole question of surgical treatment were entertained at a much earlier period than it usually is, I do not doubt that the death-rate would be materially changed; for operative measures promise success in proportion to the promptness with which they are instituted. If delayed until peritonitis has taken place, and the involved structures are disorganized, we cannot, of course, reasonably expect success, and obloquy is attached to an operation which, if performed more timely, would be frequently useful.

We are told likewise that some of these cases, apparently of the most desperate character, recover. This is unquestionably true, and it is well known that an invaginated portion of intestine may become sphacelated at its extremities, detached from its place, and discharged from the body without necessarily destroying life. But while a knowledge of these facts may be sufficient to prevent us from regarding such cases as utterly hopeless, they are yet so rare and attended by so many risks of failure, that they do not encourage us to rely upon such unusual efforts of the *vis medicatrix* in the hour of need.

In many cases of obstruction, the excessive distension of the intestine appears to be not only the chief cause of distress, but likewise of inflammation, extravasation and paralysis of the organ. Here there should be no hesitation or delay in puncturing the bowel at a prominent point, and thus removing this source of pain and danger. Under such circumstances, I believe the operation to be almost harmless and unquestionably proper.

When insuperable obstruction arises from stricture of the rectum, whether high or low, colotomy should be performed. The colon

may be opened in the loin, without injury to the peritoneum, thus relieving this proceeding from the objections that attach to those involving the integrity of that part. This operation is likewise demanded for irremovable tumors and cancer of the rectum. Although in these cases the operation has no power to cure the disease, it will, especially in the case of cancer, relieve the excruciating pain caused by the passage of feces over the exquisitely sensitive bowel preventing sleep and destroying appetite, lessen greatly the amount of purulent and bloody discharge, and thus prolong life.

785 Michigan avenue.

ARTICLE II.—*Excisions of Head of Humerus for Gun Shot Wounds.* By CHARLES M. CLARK, M.D., late Surgeon 39th Ill. Vol. Infantry, and Chief Operating Surgeon 24th Army Corps.

CASE I.

George Parce, private, company B, 44th Regiment Ill. Vols., wounded at the battle of Chicamauga, September 20th, 1863, by conoidal bullet, which entered anterior surface of arm, four inches below the head of bone, passing almost transversely through the soft tissues, impinging slightly on the shaft of humerus during its passage.

No treatment, save simple cold water dressing, was applied or considered necessary at the time.

He entered the "Chicago Soldiers' Home" in the month of January, 1865, with caries and necrosis of the upper third of the humerus, involving the head of the bone. There was free discharge of pus from four distinct sinuses on the dorsal surface of the arm, and he complained of constant pain.

An operation for excision of the head of bone was performed April 7th, 1865, by Dr. E. Andrews of this city, when the head of the humerus and a portion of its shaft was removed, the whole measuring five and one-fourth inches in extent.

The wound of the operation did not heal readily, chiefly on

account of the great impoverishment of the general system; erysipelas occurring, which run its course, and was attended with considerable sloughing.

The case came under my notice June 16th, 1865, at which time I took surgical charge of the Home. The arm was then swollen and painful, with discharge of a sanious pus, and a large extent of denuded bone was detected with the probe. The patient was anxious for another operation, saying that he could not survive such torture as the member constantly gave him.

He was placed on full and nutritious diet, together with malt drinks and other stimulants, receiving thereby great benefit—gaining largely in flesh, strength and spirits.

August 2nd, 1867, he was placed under the influence of equal parts of chloroform and sulph. ether, and two and one-half inches of the remaining shaft of the bone removed by longitudinal incision on outer surface of the arm. The bone removed was extensively diseased, being denuded of periosteum, and shell-like in its structure and calibre, the medullary canal being greatly increased in diameter, and its contents bleeding very freely when section was made.

The space occupied by bone prior to the previous operation was filled with cartilaginous material, with some points of ossific deposit.

The wound was brought together with interrupted silk sutures, after a thorough cleansing with a solution of chloride of zinc; adhesive straps, bandage and splints were applied, and the man sent to his bed. August 4th, the sutures were removed, and found that the wound had healed nearly, by first intention.

September 1st, the wound was firmly cicatrized, and the man was able to use the arm to considerable advantage without pain, and without any considerable soreness, and there was no discharge whatever from it.

September 15th—He suffered chill with fever following, and from this date the wound commenced to inflame, and soon discharged large quantities of pus from two different sinuses. The probe detected a large surface of dead bone, and, with his consent, another operation was decided upon, and which was performed October 3d, 1867, when three and one-half inches more of the bone were removed, making eleven and one-fourth inches in all.

The portion removed presented, almost entirely, the same characteristics as the portion of bone previously removed.

During the operation, whatever portion of the periosteum was in contact with the bone was dissected off, for the purpose of testing its capacity for reproduction.

The wound healed rapidly, and ceased discharging, with no other dressing than a solution of chloride of zinc, frequently applied to the parts with a sponge.

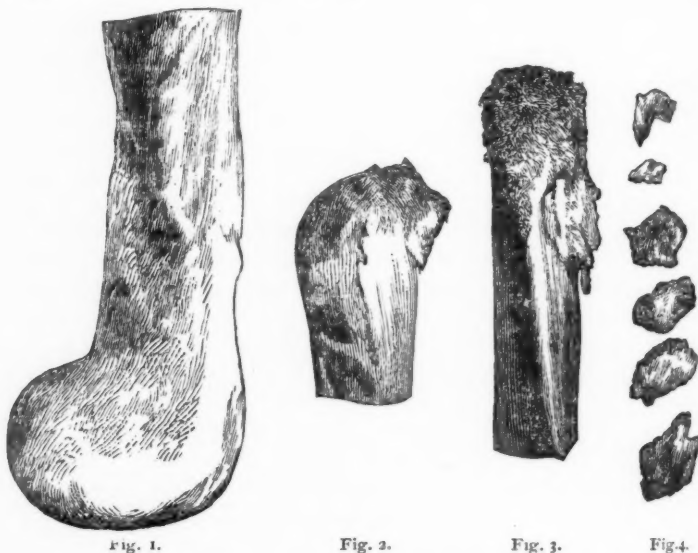


Fig. 1 represents the portion of bone removed by Dr. E. Andrews.

Fig. 2, the portion removed at my first operation.

Fig. 3, another portion, and last operation from increased bone.

Fig. 4, the portions of callous or ossific deposits that had formed in the course of repair, after the second operation, and which were distributed very unequally, and gave rise to a great degree of irritation.

In March, 1868, he could use the arm to great advantage—feed himself with it, and carry it up sufficiently high to take off his hat.

He left the "Home" in the latter part of March, 1868, feeling well, and had gained some twenty pounds in flesh.

I have seen this man twice within the past two years (1869-70), and he is vigorous and healthy. The arm has not troubled him since the last operation, and is filling up with a cartilaginous substance that grows firmer every day.

The last time I saw him he was complaining of some trouble connected with his heart, and was confident of some lesion there from the repeated shocks to his nervous system, occasioned by the frequent use of chloroform and the knife.

The depression under the acromion was disappearing, and he could use the arm to a considerable extent without aid from the other arm. There was a condition of ankylosis at the shoulder, and when the arm was raised, a false-joint was manifest at the middle third.

This case presents several features that are full of interest and instruction to the surgeon.

1st. The amount of bone removed (eleven and one-fourth inches), and the subsequent usefulness of the arm.

2d. The condition of the medullary canal and its contents (as noticed at the second and third operations), with the degree of bone absorption that had taken place, leaving the remaining shaft of the bone a mere shell.

3d. The disposition of bone tissue to reproduce itself, as witnessed in the portions removed, showing a tendency to heal and cover in the medullary. In each section of bone removed, after the first operation, there is noticeable a growth in the shaft, from the point of section to the extent of from a quarter to half an inch in extent, and, aside from this, there was a disposition in some portions of the shaft to throw out callus to heal the parts that had been encroached upon by disease.

If it is the function of the periosteum to nourish and reproduce bone, why is there not some uniformity in the process?—not one deposit here and another there, which instead of helping along repair, only creates more trouble from the irritation produced.

In all amputations there is noticed a new development of bone, extending, in some cases that I have seen, to the extent of three-quarters of an inch, and then terminating in a bulbous expansion, only limited by the length of the stump.

CASE II.

Joseph La Rock, private, company C, 9th Vermont Vol., aged 40 years.

This man received an accidental gunshot wound May 12th, 1865, at Richmond, Va., the ball (conoidal) entering right pectoral muscle at its outer third, passing through the capsular ligament of the shoulder joint, and extensively fracturing the head of the bone, the ball making its exit at middle of upper third of arm (the arm being at right angle with body).

May 13th—He was placed under the influence of chloroform at the 24th Army Corps hospital, and the following operation performed. An incision was commenced at the acromion process, and carried down on the dorsum of arm to the extent of five inches, through to the bone. An assistant then kept the edges of wound separated, while I removed the fragments and spicula of bone, being careful to denude them of periosteum.

The next step in the operation was to remove the head of the bone, which was easily accomplished with a few clips of the knife; then, after cutting away the ragged portions of the capsule, I paid attention to the lower portion of the humerus, and section made at a point where the shaft was complete—some two and one-half inches from the head of the bone.

The wound was brought together with sutures and adhesive straps, and compress and cold water dressing applied.

The man was put to bed, and remained under my care until perfectly recovered—some six weeks time—and then was mustered out of service by reason of disability.

The wound in this case healed rapidly and by the first intention in two thirds of its extent; the lower third was more slow in healing, and discharged continually a laudable pus in moderate degree, and healed by granulation.

At the time of his discharge he could raise the arm to a right-angle with his body, and the forearm could be used in lifting the cap from his head, and in feeding himself.

There was no atrophy or wasting away of the tissues of the arm; the member, after his discharge, being as plump and well developed as before the operation, for the reason, perhaps, that he had been growing more stout while an inmate of the hospital.

At the time I last examined the arm I found it to be firm, with a cartilaginous deposit, which was undergoing a change, as bony deposits could be distinctly felt; and if the man has taken sufficient care of himself since his discharge, he has a useful arm.

(To be continued.)

ARTICLE III.—*Reply to the "Criticism" of Dr. H. W. Boyce in Relation to an Article by the Writer upon "Cases in Practice, with Remarks on the Use of Veratrum Viride."*

By B. O. REYNOLDS, M.D., Geneva, Wis.

The doctor opens by saying: "The report of cases, to be worth anything to the profession, should set forth all the facts truthfully."

In this statement the writer heartily concurs, as an earnest of which, I introduce the following:

GENEVA, WIS., April 13, 1871.

We certify that the account of Ida's illness and treatment, as published in the February number of *Chicago Medical Journal*, 1871, is strictly accurate and true, to the best of our knowledge and belief; and that the "Criticism" in the April number contains many errors and misrepresentations.

E. L. GILBERT,
MRS. B. C. GILBERT, } Parents.
MISS A. CURTIS, Nurse.

This effectually disposes of this case in all its details, while it was under my observation, so far as these very intelligent parties were capable of understanding the facts and circumstances detailed in our respective reports. Apply to this the old maxim: "Falsus in uno, falsus in omnibus," and little more need be said in relation to the subject; yet I may be pardoned for commenting briefly on some few of the more prominent "errors" contained in the "Criticism," and the first we will notice is this:

"On the second consultation with Dr. R——, it was concluded to try the effects of veratrum viride, if an opportunity should occur," and "it was left with him to carry out the programme." Suppose for a moment this statement to be correct, when would it be expected "an opportunity would occur"? Does he inform us how much veratrum was put down on "the programme"?

The patient had swallowed nothing for many hours, and it was believed by all that she was unable to do so; indeed, she was thought to be dying most of the afternoon and evening, and the doctor expressed himself to all, the writer included, that there "was no hope," and for me "to do anything that I saw fit, or thought advisable"; no medicine was proposed, discussed, or suggested by either of us at that time; the doctor left immediately on my arrival.

No medicine was given her for nearly an hour after my arrival, except the inhalation, which they had found necessary to partially moderate her convulsions. I confess I looked upon the case as almost hopeless, and the only "programme" in our minds, at that time, was the death of our patient within a few hours at most.

The next point that I notice is the doctor's account of her condition next morning. He says: "I examined the patient next morning, but failed to see any marked improvement. Pulse and respirations remained extremely rapid, and there was great restlessness." He does not state how rapid; if he had, we might form some conjecture of what he considers an "extremely rapid pulse and respiration." This visit must have been about six, or half-past six o'clock, and about two, or two and a half hours after I had left, at which time the pulse was precisely 132, respirations 44; resting quietly; had had no convulsion during the night; extremities warm; gently perspiring; no nausea or vomiting; could swallow readily; had taken veratrum regularly every three hours, without much trouble; had drank water freely, and yet he "could see no marked improvement" from her perilous condition the evening before, with pulse far too frequent to be counted, respirations 95, extreme restlessness and frequent convulsions, and requiring the almost constant use of ether and several attendants to keep her in bed. It is extremely gratifying to know that the half dozen faithful friends that remained with us that night, and all that saw her on these two occasions, (Dr. B. excepted,) could *not* "fail to see" a wonderful improvement. It will be remembered that I visited Ida again at ten o'clock, and found her symptoms all improved, "Dr. Boyce in attendance"—with "pulse 102, respirations 40—sweating freely," etc. Yet no improvement?

Again, he says: "As the day advanced, the patient became

more quiet; the urine increased in quantity, with *frequent alvine evacuations*."

It was stated in the report of this case, that a "small discharge" from the bowels had taken place in the after part of this day, and I will only refer to the certificate for additional reflections.

Query: if *one* insignificant evacuation could be thus construed "frequent alvine evacuations," would it not be at least methodical to rate a child's pulse beating steadily at 110 or less, as "extremely rapid"?

Again: "To these changes in the secretions I attribute the favorable change in *my* patient." Very likely; but, of course, veratrum, the only medicine she had taken for more than 24 hours, had no agency in bringing about this "favorable change." We take no exception to his personal pronoun "*my*" patient, although I visited the patient with him in the morning and evening of this day.

But, again, he says: "If the patient took the veratrum under his directions, as stated in the *Journal*, then she got rather more than a double dose, and I cannot help but be thankful that *we* did not kill her outright."

Not to speak of the implication, (*vide* certificate), I concede that ten drops of veratrum, under ordinary circumstances, is a large dose for a patient of this age, but I think it a sound maxim that "desperate cases" sometimes "require desperate means," and the sequel proved that the dose was not too large; for all experience and all authorities agree that the remedy is entirely safe and harmless, when given to any extent, if below the nauseating point, and this was not reached in her case, and had it been, I presume the improvement would have been more marked, if possible. It has been my practice for several years to administer this remedy in emetic doses in membranous croup, and always with the happiest result, and I have never witnessed any dangerous effects resulting from its use.

For the benefit of the incredulous, let us briefly direct our attention to a few authorities that may not require a certificate to establish the veracity of their statements in regard to their experience with this drug; these are purposely taken from the records of several years' standing, and so far as I have been able to learn, the article has not only lost nothing of the reputation here referred

too, by its recent and greatly extended use, but there is scarcely a well-informed physician at the present day who will not admit its great utility in the treatment of many of our worst forms of disease.

"It is reliable. As an arterial sedative, the Society has found it more certain than any other medicine of the class." "It is safe! The first indication of a sufficiently full use being nausea and diaphoresis, one or both."—Rep. of Middlesex Med. Soc., Mass.; *Am Med. Jour.*, 1858.

"I have rarely seen any unpleasant, certainly no dangerous symptoms from its use, and think it is not cumulative in its effects so as to need the close watching that digitalis requires. If the dose is too large, besides the slowness of the pulse always found, there will be nausea or vomiting and sweating. Should it be thought necessary to give a full dose of half a drachm to an adult at once, it can be done with perfect safety; at least, I have so used it."—B. Cutler, M.D., *Am. Med. Jour.*, Oct. 1858.

H. P. Wakefield, M.D., states: "I have used *veratrum viride* as an arterial sedative, and have found it a reliable article." In every case he has found the pulse to come down. He deems the article far superior to digitalis, etc.—*Am. Med. Jour.*, Oct. 1858.

E. Cutler, M.D., says: "I am satisfied that the *veratrum viride* is an arterial sedative, having used it as many if not more times than any other medicine."—*Am. Med. Jour.*, 1858.

Dr. H. B. Toland, San Francisco, Cal., says: "Having administered it alone in one of the most painful and unmanageable of the curable diseases incident to the country, rheumatism, particularly in the acute stage, I have found it more efficacious than any remedy that has heretofore been employed; besides controlling the action of the heart, it relieves pain, and is more decidedly diuretic than even colchicum."—*Pac. Med. Jour.*, 1858.

Dr. G. M. Staples, Dubuque, Iowa, says his experience satisfies him that "we have in this drug an agent which enables the physician to maintain, for an indefinite time, complete control of the nervous and circulatory systems."—*Med. & Surg. Rep.*, Phil., Aug. 3, 1861.

Dr. A. Hard, Aurora, Ill., has "found it the most certain of all arterial sedatives"—*Chicago Examiner*.

"We believe that few physicians who understand the virtue of

veratrum viride are willing to dispense with its use."—Med. & Surg. Rep., Aug. 3, 1861.

We might multiply authorities to an almost unlimited extent, but I trust sufficient has been shown to convince the most skeptical "old fogey" that veratrum viride has some "claims that physicians are bound to respect."

Dr. B—— says: "The doctor made a mistake in the proper diagnosis. It was not, I think, a case of uræmia *per se*."

Who said it was? Is it not a little singular that the doctor in his "Criticism" commits the same mistake three several times by using the identical phraseology ("uræmic poisoning,") that the writer used in the published report of this case? I suppose that one at all conversant with medical literature, readily understands the meaning of this term in connection with, or succeeding a case of scarlatina; the merest tyro understands that the urea is not properly eliminated, but is retained, absorbed into the circulation, inducing a fearful train of evils, which, if not speedily attended too, are dangerous in the extreme; in fact, it is regarded as the materies morbi in these cases.

Speaking of "mistake," just here I am reminded of a circumstance which, if does not indicate profound erudition in anatomy, verifies the adage that to "err is human"; it occurred in connection with a post mortem examination in this vicinity but a few months since, where an individual who always attaches an M.D. to his signature, *mistook the spleen* for a *kidney*; and that in a case which he had treated for several months as albuminuria, when the post mortem revealed a healthy *spleen*, one healthy kidney, (only one was examined,) and a vast amount of tubercular deposits in the mesentery and lungs; but for the credit of the fraternity, and the honor of medical schools, I will assure them he had never graduated.

He further says: "As to the question, 'Is it a poison?' it is too absurd to require comment."

By reference to our article, it will be noticed that I did not assume that it was or was not "a poison," but intimated that it was a "mooted question;" yet advocated a discriminate use of veratrum viride from the stand-point that it was a poison, aye, a "virulent poison."

Let us for a moment examine this question. What constitutes a poison?

"That substance which, when applied externally, or taken into the human body, *uniformly* effects such a derangement in the animal economy as to produce disease."—Med. Dict.

"Any substance which, when applied externally, or in any way introduced into the system, without acting mechanically, but by its own inherent qualities, is capable of destroying life."—Dr. Guy—Elwell Mal. Prac. & Med. Evid., p. 441.

"A poison is commonly defined to be a substance which, when administered in *small quantities*, is capable of acting deleteriously on the body; and, in popular language, is confined to substances which destroy life in small doses."—Taylor on Poisons, p. 18.

I am yet to learn of a single instance of death clearly chargeable to its account in all the years that it has been before the profession, while it has been used by thousands of our brethren from Maine to California. The nearest approach to it that I have seen, was that of a child 18 months old, who took, by mistake, 35 drops, and the account says, "It ultimately terminated fatally." Clearly intimating that it did not, like most cases of poisoning, prove directly fatal, if, indeed, it had anything to do with the result.—U. S. Disp., 13th Ed.

We scarcely pick up a medical journal without being startled with "Poisoning by Belladonna," by "Aconite," by "Hyoscyamus," "Digitalis," etc., etc., but who has read, or otherwise heard of a well-defined case of poisoning by *veratrum viride*, when taken by mistake, or otherwise, in small or large doses?

Dr. Pashley reports a case, where a man in health took, by mistake, *two ounces* of a saturated tincture at a draught, and speedily recovered.—N. W. Med. Jour., Nov. 1857.

Professor Barker, of Bellevue, gives it in ten drop doses, every hour, in typhoid fever.—Am. Med. Mon., Nov. 1857.

Ephraim Cutler, M.D., reports a case where his patient, "a young man, took from 20 to 30 drops at a dose, and was rapidly restored."—Am. Jour. Med. Sci., 1858, p. 313.

Dr. Norwood reports his case of "Daddy Billy," who took one teaspoonful of his (Norwood) tincture at a dose, and was well in a few hours. Vide Pamph. on V. V.

A. B. Clarke, M.D., relates a case of pneumonia, where, by mistake in the directions, his patient got "a teaspoonful every four hours, three large teaspoonsful in twelve hours," and he adds,

"the disease was broken up. He was very comfortable next morning. I saw him in the streets a day or two afterward." He further says: "Here was a case where the veratrum had reduced the pulse 100 per minute. Given by mistake in such large doses, it caused extreme depression and excessive vomiting, yet the patient readily rallied."—Med. & Surg. Rep., Phil., June, 1862.

What other poisonous substance, think you, this man could have taken in quantities six or eight times its maximum dose, with impunity? Would he have "appeared in the street in a day or two afterward" if he had taken like potions of belladonna, digitalis, aconite, or colchicum? Possibly, he might have done so, but he would doubtless have been encased in a wooden overcoat, accompanied by his friends marching to the solemn dirge of the tolling bell.

The doctor says, in conclusion: "That the vaunting of heroic remedies as specifics and cure-alls, savors of quackery," etc.

If this is designed to include the accurate and truthful reporting of cases, and the effects of remedies therein, at which, and only which, this "Criticism" was aimed, then I must plead guilty to the charge; but it is hoped that the great body of intelligent physicians, who are wont to do so, will not cease to occasionally report important and interesting cases and their treatment, notwithstanding.

"Savors of *quackery*!" This inauspicious word of three syllables, how easily written! but to me it has always seemed that it should ever be softly spoken by those who have never availed themselves of any of the advantages so cheaply afforded by our numerous medical colleges and schools for acquiring a sound and systematic medical education.

In conclusion, I will add that I do not regard veratrum viride a "specific," or entirely harmless when administered improperly, regardless of circumstances; but I do contend, that, from the vast array of facts, together with our own experience, it is not a doubtful or dangerous remedy, but is perfectly reliable when given under proper circumstances, and in proper doses, and, with the ordinary care required in the administration of most medicines, that it will seldom, if ever, fail of producing its characteristic effects on the circulation. I believe, also, that it has an important though secondary sedative effect on the *cerebro-spinal* nervous system, and when full and efficient doses are administered, it induces

decided sedation of the great sympathetic nervous system. To my mind, it is these properties which render it one of the most certain and reliable remedies known to the *Materia Medica* in just such cases and conditions as the one which has called out this acrimonious "Criticism."

ARTICLE IV.—*A Case of Non-Union of Fracture of the Femur, caused by the interposition of Muscle between the fragments.*
By C. T. PARKES, M.D., Chicago.

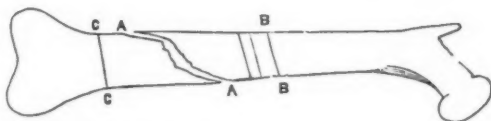
The many points of interest in connection with the case about to be recorded has led me to think it worthy of publication. I was called to attend J. M—, March 16th, 1870, who had been injured by being buried beneath a mass of frozen coal. I requested Prof. M. Gunn to accompany me. We reached the patient's residence four hours after the accident had happened, and upon examination found an oblique fracture of the right femur, a little below the junction of the lower with the middle third of the bone. We immediately applied to the limb proper dressings, making extension with adhesive straps, weight and pulley, with a long external splint to prevent rotation, and short splints to the thigh. An accurate examination as to the exact seat and condition of the fracture was not attempted, but deferred until the subsidence of swelling, etc., should allow a thorough and complete diagnosis.

On the third day after the injury, I removed all the dressing, found the effusion very much reduced, and made a careful examination of the injured limb.

I found very great freedom of motion at the seat of fracture, but failed to obtain one particle of crepitation, either during extreme extension, perfect relaxation or rotation, and finally came to the conclusion—

1st. That there was an oblique fracture of the bone at the point mentioned. The line of obliquity differed from that of any fracture which my experience could recall. A pointed, well-marked spicula seemed to be separated from the outside of the shaft of the bone, giving at first the idea of a very oblique fracture; but upon tracing the spicula upward for one-half or three-quarters of an

inch, it abruptly terminated in a transverse ledge of bone extending across the shaft for the greater part of its diameter, and then shelving off into a depression on the inner and under aspect of the bone. The following rough cut will illustrate the description as given.



A A, line of fracture.

B B, C C, line of section made of bone.

Subsequent events enabled me to demonstrate positively that such was the direction of the fracture.

2d. That some tissue or other had been thrown between the fractured ends, by the force of the injury, and this also was proven by actual demonstration.

A section of this femur placed in my hands showed me the upper end of the lower fragment, completely enveloped by a mass of muscle, half an inch thick and an inch broad.

After the examination was made, I redressed the limb with strips of adhesive plaster, extending up to the seat of fracture, weight and pulley as before. Prof. Gunn saw the case with me again on the next day, and confirmed the diagnosis which I had made. All efforts to bring the broken ends into coaptation were fruitless.

As there was no absolute certainty about the reason for the absence of crepitation; as the want of it might be due to effusion merely; as the normal length, etc., of the limb could be easily maintained, and as it seemed unwarrantable to convert a *simple* fracture of the thigh into a *compound one*, on such uncertain conditions, especially where the soft parts were so terribly contused as they were in this case, it was deemed advisable to await the efforts of nature at repair, for a time at least. So the patient was made acquainted with the condition of the injury, and told that in all probability the fracture would not unite without an operation, but, for the reasons already given, we thought it better to treat the case as an ordinary one for at least four or five weeks, in order to give nature every opportunity to prove our suppositions correct, or to remove the obstructions to coaptation by absorption. The

ends of the fractured bone were bound tightly together by means of compresses and splints to the thigh. The operation deemed necessary, and what we contemplated doing, was to cut down upon the fracture from the outside of the thigh, turn the ends out, remove entire whatever tissue might be found between them, freshen the fractured surfaces, place them in coaptation, and retain them thus by means of a gimlet introduced through the fragments.

At the end of four weeks there was no union—no callus—no attempt by nature at repair. Now that all swelling was completely reduced, the original diagnosis, as to the direction of the fracture, was plainly re-established.

The patient was advised to submit to the operation as described above. He objected, and desired to wait two weeks longer, as he had assured himself that he "felt them knitting together." At the end of the six weeks, another physician of the city was called in consultation, at the request of the patient. I met him at the patient's bedside, and he finally concluded to take the case off my hands, under the supposition, as I understood it, that he could obtain union without an operation of the nature contemplated. Subsequently the doctor kept the patient under treatment for about three weeks, and finally concluded that an operation would be required ere recovery took place. The operation as performed, was just the one to prove that the original diagnosis and suppositions entertained by myself, and confirmed by Prof. Gunn, were in all respects correct. A section, fully an inch and a half long, was sawn from the upper end of the lower fragment, and several sections, amounting in the aggregate to about two inches, were made from the upper fragment. The lower fragment is completely enveloped by a thick layer of muscle, except a small spicula of bone at the extreme upper end.

The patient, as I am told, unfortunately died a few days after the operation, from repeated and severe *secondary hemorrhage*. The bone surfaces present no evidences of absorption, neither have they any deposit of plastic material on them, such as we are told to expect in non-united fractures.

ARTICLE V.—*St. Luke's Hospital. Typhoid Fever, treated with Strychnia. Under care of Jno. E. Owen, M.D.*
Reported by C. H. GUIBOR, M.D., Resident Physician.

Mary A. Smith, æt. 18; born in West Indies; admitted October 2, 1868. The commencement of her illness dates about one week previous to her admission. It began with loss of appetite, soreness, fatigue, and a dull pain in the right side. She was listless, without animation, and all exertion was wearisome. A rigor or chill appeared, with which she went to bed. November 25th. The rigor was followed as usual with fever, pain in the back and head. There was more or less diarrhœa. This was the history gathered from her concerning her condition previous to admission.

On admission:—The cheeks were flushed, skin moist, and tongue coated with a yellowish fur, pain in back and head, tenderness upon pressure in right illiac region, abdomen somewhat swollen, pulse 102, respiration 30, slight cough, with increased bronchial secretion, slight dullness over posterior part of right lung. Auscultation elicited mucous rales, sordes here and there along margin of gums.

Treatment:—Milk every two hours, and if patient asked for a drink, cold milk was given instead of water. In addition to this she took a liberal quantity of nourishing soups, and a tablespoonful three times a day of the following mixture:

R—Acid Sulph. arom. ʒiii, Strychnia Sulph. gr. $\frac{1}{3}$, Syrup Simpli. ʒv. M.

October 3. Intellect dull, the mind wandering as evening approaches, mutters at night. Pulv. Doverii, gr. x was administered, with tablespoonful doses of wine for three or four hours, on account of great prostration. Tongue dry and brown, but red at tip and edges. Pulse 106.

October 4. Rested well; axilla $100\frac{1}{2}^{\circ}$, pulse 120, tongue moist; 6 P. M., axilla 101° , pulse 126, delirious; 9 P. M., pulse 132—first fecal discharge (natural) since admission; some wine during the night.

October 5. Rested well after 1 o'clock; 8 A. M., axilla 99° , pulse 114; bowels moved; raw oysters added to the other diet.

October 6. Axilla 98° , pulse 120.

October 7. Rested well; tongue still moist, and cleaning off;

11 A. M., axilla 101° , pulse 120; evening, axilla 100° , pulse 102; natural stool.

October 8. Rested well during the night; noon, axilla 100° , pulse 102; evening, axilla 100° , pulse 120. The patient had a copious, dark, greenish and offensive discharge, resembling blood, from the bowels, quickly followed by two others, with nearly as much pure blood. The Resident gave Dover's Powder and Acetate of Lead. The hemorrhage was checked until 5 A. M. (9th), when it returned.

October 9. Axilla (at 9 A. M.) 99° , pulse 120; recommencement of hemorrhage at 2 P. M.; turpentine emulsion and opium were given; 8 P. M., axilla 100° , pulse 114. (About the end of the second week.)

October 10. Axilla 104° , pulse 120, tongue almost entirely clean.

October 11. Evening, axilla 100° , pulse 108.

October 12. Evening, axilla 100° , pulse 108.

October 13. A. M., axilla 98° , pulse 108; evening, axilla 98° , pulse 108.

October 14. Evening, axilla 98° , pulse 108.

October 15. Evening, axilla 98° , pulse 100. (End of third week.)

October 19. Patient is now convalescing, and is able to be propped up in bed, and even to sit up whilst her bed was being made. Abdomen was more or less tympanitic during last ten days. The rose-colored spots were absent.

Silas Heyes, æt. 28, native of England, was admitted October 5, with the usual symptoms of typhoid fever. He was placed upon liquid food, viz., soups, good milk, and in addition to this the acid and strychnia mixture—tablespoonful three times daily.

October 6. Morning, axilla $98\frac{1}{2}^{\circ}$, pulse 96; evening, axilla 102° , pulse 112. (Somewhat delirious during the night.)

October 7. Morning, axilla 102° , pulse 108; evening, axilla 102° , pulse 102. Pil. Cath. Co., No. 2, during afternoon. Rose-colored rash; tympanitic; tenderness in right iliac region; bowels have not moved in five days. (End of first week.)

October 8. Bowels moved during the night; A. M., axilla $101\frac{1}{2}^{\circ}$, pulse 102; evening, axilla 102° , pulse 102.

October 9. Rested well; A. M., axilla $99\frac{1}{2}^{\circ}$, pulse 102; evening, axilla 102° , pulse 102.

October 10. A. M., axilla 100°, pulse 96 (good night); night, axilla 101°, pulse 102.

October 11. A. M., axilla 100°, pulse 96 (rested well); evening, axilla 102°, pulse 102.

October 12. A. M., axilla 99½°, pulse 100; evening, axilla 100°, pulse 96.

October 13. A. M., axilla 100°, pulse 102; evening, axilla 101¼°, pulse 102.

October 14. A. M., axilla 99½°, pulse 96. (End of second week.)

October 15. P. M., axilla 101°, pulse 96.

October 16. A. M., axilla 97°, pulse 96. Bowels not moved for seven days. Castor oil, ʒss, which operated in a short time. Evening, axilla 98°, pulse 96.

October 17. A. M., axilla 98°, pulse 98; evening, axilla 99°, pulse 90.

October 18. A. M., axilla 98°, pulse 84; evening, axilla 97°, pulse 96.

October 19. Axilla 98°, pulse 84.

October 20. Axilla 97°, pulse 78. (End of third week.)

During the first ten days, the Resident, thinking that the strychnia mixture caused some muscular twitching, discontinued it for twenty-four or thirty-six hours. The tongue became brown, dry and cracked. Upon the renewal of the medicine, the tongue became again moist.

[During the last four years the above has been the treatment of typhoid fever, both in the hospital and in my private practice. There is one noticeable feature in cases treated by strychnia, viz., the dry, brown tongue soon becomes moist, and remains so during the treatment. In several cases, in order in some degree to determine the influence of the mixture, it was discontinued from twenty-four to forty-eight hours. The tongue soon became dry and brownish, but moist again upon its re-administration. In only one case of those treated was the strychnia used alone. The result was the same as when the mixture was used. We have had no opportunity of determining the influence of the mineral acid uncombined with strychnia. Possibly the mineral acids, so long and advantageously employed in the treatment of continued fevers, might have some influence, but we are inclined to believe

that the change in the appearance of the tongue is effected mainly through the agency of strychnia, by increasing the nutritive and assimilative functions of the system. Only one case was complicated with intestinal hemorrhage, and this is the only case in which turpentine was used. It was employed in this one only to combat the hemorrhage. In relation to pulse and temperature, the two cases reported are for the most part typical of the others. Of course the employment of any remedy in the later stages of typhoid fever must more or less disappoint us. J. E. O.]

ARTICLE VI.—*Hydrate of Chloral as a Remedial Agent—Effects of its Continued Use.* By * * C.

It is with a very genuine hesitation and reluctance that I venture to offer to the readers of the *Journal* a few facts, illustrating the effects of the continued use of the above-named remedy, as observed in one special case, though not thereby inferring that they would be similar in every other case. I am not only a non-professional writer, but also a Southerner, and consequently, if the sage exposition (more learned than wise) of Dr. McElroy* is to be believed, my "molecular forms of structure" vary so much from the normal Yankee standard, and from those of my possible readers, as perhaps to differentiate wholly our method of inductive reasoning. But by sticking to simple facts, the language of which is pretty much the same everywhere, I may render myself intelligible. This remedy (hydrate of chloral) being now in a manner on its trial before the profession, any instances of unmistakable facts, illustrating peculiar effects, may not be useless.

The patient, whose case I propose to refer to, is a lady who abandoned quite lately the use of opium, after indulging moderately in what is termed the "opium habit" for several years.

Suffering in consequence from obstinate wakefulness and distressing nervous irritability, she was advised, by a physician of the highest professional standing, to use hydrate of chloral, as potass. bromide, which she had previously taken, did not seem to meet the indications. She commenced using the chloral on

* Vide Chicago Med. Journal, May No., p. 284.

January 1st, of this present year (entirely dropping the other remedy), beginning with thirty grains per diem, or rather per noctem, and being, at that period, in all respects, save those I have mentioned, in apparently perfect health—appetite good, digestion unimpaired, secretions and excretions all right. In about two weeks from that time—30 grs. chloral hydrate having been taken each night—the patient began to suffer from slight irritability of the stomach, and inability to retain ordinary food, which increased rapidly until the functions of this organ became so impaired that it would tolerate neither hot drinks—such as tea and coffee—nor any solid food. She suffered greatly also from burning heat and painful tenderness in the epigastric region, the least pressure causing great uneasiness. This sensation of intense heat daily increased, digestion seemed destroyed, the craving for ice-water or ice itself was continual, yet it afforded no permanent relief. In a short time after this nothing but iced sago broths or jellies could be retained by the stomach for a moment. About the twentieth of February, acute inflammation declared itself in the eyes of the patient; such was the intense heat, that tear-drops, as they formed and fell, felt to the burning and inflamed eyeballs like tiny hail-stones or drops of ice-cold water. The throbbing of the temporal artery announced determination of blood to be the immediate cause of the inflammation, as also did the bright florid color of the inflamed parts. As the inflammation increased, the secretion of tears was suspended, and there was exudation from the eyes, first of a thin transparent matter, which afterwards became translucent and acquired greater consistency. It must have been highly fibrinous, for when partially dried on the eye-lashes, it could easily be drawn out, and by a slight twisting motion of the fingers, actually spun into short threads. Comparatively little abnormal matter was thrown up from the stomach, yet the appearance of that which was thus expelled, was really remarkable. It resembled from first to last very minute pieces of yellowish white and very thin blotting paper, somewhat curled or crimped, floating in a thin translucent fluid. One of these small floating particles I placed under a magnifying power of 10,000 diameters, and saw innumerable fibrillæ crossing each other at every conceivable angle, and apparently adhering together, though not very tenaciously. Symptomatic fever did not precede, but followed the inflammation. It was characterized by a pulse feeble yet hard,

often jerking, skin dry and hot, with occasional sweats at irregular intervals; secretions suppressed; weakness of patient extreme at times, yet alternated with fits of great feverish excitement. The poor patient had unluckily read some of the so-called professional writings of Dr. Ludlow, till on this one subject (the opium habits, and its effects on tissue and the vital organs) her mind was fairly befogged. For a long time she actually supposed these phenomena to be a necessary sequelæ to the abandonment of opium, until observing the steady onward march of the inflammation, with its train of attendant evils, foreboding danger and death, her brain rallied sufficiently from its fatalistic nonsense to secrete a modicum of common sense, which immediately suggested that this sort of thing had gone far enough—that other than merely palliative treatment was demanded, and that as a first step it might be well to discontinue the use of such a powerful stimulant as chloral hydrate. Common sense was listened to, and, to the lady's surprise, in less than forty-eight hours after the chloral was discontinued, the inflamed organs experienced sensible relief. I have not alluded to the excessive *pain* which the patient felt in the eyes and the stomach, for I supposed every reader would infer the presence of pain from the fact of intense inflammation. This pain abated; and, skipping over successive steps, I may say that from that day the process of recovery commenced, some simple hygienic remedies being used to facilitate its progress. The organs of secretion resumed their functions, fever diminished and finally disappeared, and in little over two weeks' time, the inflammation and every trace of it had vanished, the *vis medicatrix naturæ* having, almost entirely unassisted, accomplished the cure in this pure and healthy organization as soon as the irritant cause was removed. Poultices of slippery elm powder and rosewater applied to the eyes, diluent drinks, and occasionally a mild aperient taken inwardly, with frequent bathing to equalize the circulation, comprised the whole treatment. If I except a remaining inability to secure regular and natural sleep, the patient is now in excellent health.

Have we not good reason to suppose that the chloral hydrate was the exciting cause of all this inflammation, acting, no doubt, as a chemical irritant?

Whether it acted locally, that is, directly upon the affected organs, as a disciple of "solidism" would perhaps assert; whether it entered into the circulation as a *materies morbi*, carrying with

it irritation, and perhaps altering by degrees the tonicity of the arteries; or whether, lastly, its primary effect was on the nerves, communicating by sympathy with the vascular system, I must leave to better pathologists than myself to determine. Yet, it does not seem very unreasonable to infer, from the knowledge we have as to its resultant effects upon the blood, that continued use of an agent like chloral might, in time, produce destructive metamorphosis of the delicate nerve tissue, fed and sustained, as it would be, by this chemically altered blood. But it hardly becomes me to offer any crude hypothesis of my own, addressing, as I am, those who are so greatly my superiors in scientific knowledge.

I would merely add—

1st. In no previous illness of this patient had there ever been any appearance of inflammatory diathesis.

2d. From first to last no other remedy (except the simples I have mentioned) was used but chloral hydrate.

3d. The patient whose case I have reported was the writer of this article, who is therefore sure of her *facts*, even if wrong in her inferences.

It is, lastly, only justice to say that the physician who prescribed the chloral did *not* do so as a "specific," but merely to meet the indications of the case at the time; nor is he responsible for the continued use of it, since residing in a distant city, he was not again consulted by his former patient.

ARTICLE VII.—*Case of Malposition of the Bladder.* By E. DOOLEY, M.D., Selma, Ill.

March 23d, 1871, was called hurriedly in the night, four miles out, to attend Mrs. McM., in her fifth confinement. Previous labors had been very short—"never could get a doctor in time." Found patient in hard labor, worrying about its tediousness.

On examination, found os fully dilated, with brow presentation. With strong uterine contractions, delivery was soon effected, and the rousing cry of a large, fine looking boy greeted our ears. But on examination, I discovered, on the lower, or coccygeal

portion of the spine, a ruptured, encysted tumor, with a heavy, corrugated, scrotum-like covering, excepting a space of about an inch in length and one-fourth as wide, elliptical in shape, about the middle of the tumor. This space was covered with mucous membrane. At this point the tumor was ruptured, probably during the transit through the maternal organs, and the contents had escaped. The legs were firmly flexed, heels almost touching the buttocks, and very rigid and immovable. Diagnosis, spinal tumor.

Saw the little sufferer dressed, amidst his piercing and continuous cries, prognosticated unfavorably, and left.

Called the next evening, and found the poor little unfortunate still crying, and was told it had never ceased, although paregoric had been given freely. On inquiring for the usual evacuations, was told that its "bowels had moved," but it had "made no water." Was disposed to question this report, as I was quite sure I could detect the odor of urine. Penis, scrotum, and anus apparently normal, but, examining closely, found the penis imperious. Turning again to the formerly collapsed but now partially filled tumor, found a dark, amber-colored fluid dribbling away from its ruptured orifice, with the unmistakable odor of urine. Concluded this must be the bladder thus curiously located on this otherwise well developed infant.

It lived three days, and then sank, exhausted by convulsions and unceasing pain, consequent upon the excoriations and inflammation within and around the tumor or bladder.

Selections.

On the Therapeutic Value of Diaphoresis. By DR. W. LEUBE,
Lecturer and First Assistant to the Medical Clinic, Erlangen.

[*Deutsches Archiv f. klin. Med.*, vii, 1, p. 24, 1870.]

These remarks are appended to a longer article intended to prove, by a series of very careful clinical and chemical investigations, a reciprocal bearing or antagonism between the cutaneous and the renal secretions. Hence the author confines himself, in discussing the therapeutical effects of diaphoresis, to renal affections chiefly.

If we accept as a fact the point developed by the author's investigations: that the secretions of the kidney and of the skin bear a formal reciprocal relation to one another, the therapeutic action of diaphoresis in cases of disturbed or suppressed function of the kidneys becomes of far greater importance than we could hitherto ascribe to it; its symptomatic indication grows an *indicatio morbi*; it becomes a therapeutic measure whose efficacy corresponds equally to practical and physiological experience. Among the remedies recommended against a disease, that one deserves preference which has been proved statistically, by large series of results from unbiased observations, to be most efficacious, whether its mode of action is explained or not; in the latter case, our failure to understand the action is owing to deficient knowledge of the pathological process or deficient physiological reasoning. But when, as in the case of Bright's disease, a number of alleged remedies are proposed in competition, we must always, if we wish to abstain from sentimental therapeutics, give preference to the one that is backed by physiological experiment. In this respect, diaphoresis holds the first place among the remedies recommended against diseases of the kidneys.

Although he does not doubt the usefulness of diaphoresis in all renal affections, the author speaks chiefly of chronic Bright's disease, because it is the most frequent, and the one concerning which the greatest number of accurately observed cases are recorded. Complete cure of well determined chronic Bright's disease is not brought about by diaphoresis, any more than by any other remedy; it is well known to be an extremely rare exception. We must not expect too much from any remedy; no one hopes for a restoration of destroyed parts, or full functional recovery of the lungs in chronic pneumonia; we content ourselves with relative functional capacity. In the kidney, the remedy is intended to remove the albuminuria; the kidney, which after the cessation of the inflammatory process, is contracted, but may still contain enough working tissue to avert the dangers of suppression of the

urinary excretion, should be free from congestion and phenomena of abnormal conditions of blood-pressure. According to the beautiful experiments of Stokvis, the existence of a hæmatogenous albuminuria is highly improbable, whilst the nephrogenetic albuminuria can be shown to be due solely to lesions of circulation in the kidney, and not to alterations of its epithelium or other tissue elements. The cases observed in this clinic, as well as those reported by Liebermeister, prove that diaphoresis is capable of achieving complete success in a number of cases,—or at least that degree of success which is possible under the special conditions of the case.

Much more evident is the utility of energetic diaphoresis in *uræmia*. So long as it had not been demonstrated that the skin is capable of excreting a considerable amount of nitrogenized products, the dangers of so severe a remedy were, rightly enough, anxiously weighed in this serious disease; the more so as until lately the derivatives of urea were considered as the true poison in this condition. Physiological experience now compels us to deny those substances all importance, and to recognize as the cause of uræmic symptoms the retention or deficient excretion of all the effete matters of the body, among which it is likely, (according to Voit), that potash plays an especially prominent part. But whether we adhere to the older theory, or the new: ammonia, urea and potash can all be withdrawn from the blood by means of powerful diaphoresis; the mechanical conception, also, of the nature of uræmia, based on the hypothesis of œdema of the brain, offers no *a priori* objection to the diaphoretic method, as the latter could only favor the absorption of the dangerous œdema. Hence the author believes that, in view of the unreliable character of all the remedies recommended against this affection which is considered to be incurable, an immediate *energetic* diaphoresis is the first and only measure indicated, even though a negative result in this pernicious disease would seem thus far to oppose this train of reasoning.

Difficult to explain, but the more surely established by experience, is the purely systematic *hydragogue*, and in some cases of dropsy permanent, *effect of diaphoresis*. Refraining from hypotheses on the subject, the author recommends a *practical method of employing diaphoresis in dropsy*, which is far less exhausting than the usual total "packing," and yields no less gratifying results. Packing the body in woolen blankets after a hot bath is in many cases of high-graded dropsy, especially in heart disease, impossible, certainly very irksome, and possibly dangerous by reason of exhaustion even to fainting; the author has therefore employed diaphoresis *locally*. He places, for instance, the lower extremity in a bath of 98 deg. F., increasing the temperature to 108 deg., and after allowing it to remain in the hot bath for half or three-quarters of an hour, wraps it in india-rubber cloth, in case of very sensitive skin interposing a piece of linen.

Over the rubber cloth is rolled a thick flannel bandage, and perhaps a small woolen blanket; and, if the patient will bear it, the extremity thus enveloped may be subjected to a gentle kneading. In this manner the patients lie for four to six hours, sometimes the whole night, without discomfort; sometimes only they would complain of itching, especially when the india-rubber was in direct contact with the skin. When this process is repeated and continued daily without interruption, the absorption of lighter grades of œdema can be accomplished in a few days; and even in cases of very considerable dropsy, the author effected a diminution of the circumference of the leg by ten centimetres in four days. Although this local diaphoresis has not as decisive an effect as the general method, it can be recommended for its simplicity, as well as for the fact that the temperature of the limb which is to be made to perspire can be elevated higher than would be possible, without danger and discomfort, in a total bath.

Finally, the author recommends, on the strength of a large experience, that the bath be given in the morning; perspiration is more easily effected in the morning than after noon. This point has been determined by observations of pulse and respiration, before and during the packing, the figures always being considerably higher in the afternoon or evening, when the sweating also gives more discomfort to the patient, than in the morning.—*St. Louis Medical and Surgical Journal*.

Bromide of Potassium in Croup. By S. B. KIEFFER, M.D., Carlisle, Pa.

The peculiar and acknowledged action of the bromides would indicate that they have a special control over the various nervous affections of the larynx, trachea, and other organs of the throat; but their special use in membranous croup has hitherto not been well established.

If, in this short paper, it shall appear that in this disease also, which has always been to the profession the occasion of much concern, there is a special disposition to yield to their power, I trust the profession will give the subject such attention as will demonstrate fully its truth. More than four years ago, my friend Dr. W. W. Dale was called, in my absence, to a case which he regarded as one of genuine membranous croup, and for which he prescribed an emetic, followed by repeated doses of calomel. On the following morning we saw it together, and the correctness of his diagnosis seemed very evident; but the little patient, a year old, had found no relief. Under the peculiar constitutional habits of the child, we both regarded the case as hopeless, and expected a rapid decline. For reasons which I shall explain hereafter, and as a matter of experiment, I gave the following prescription:

R Brom. of Potassium,	gr. xx;
Chlorate of Potassa,	gr. x;
Ipecac,	gr. j;
Ext of Liquorice,	ʒss;
Water,	℥ijss.

M. S.—A teaspoonful every hour, with directions to report after eight hours.

After the fourth dose the child became easier, the breathing less difficult and dry, and after the fifth hour it fell into a quiet and comfortable sleep, lasting three hours, when we saw it, and, to our mutual surprise, found it greatly relieved and much better. The treatment was continued, and at the end of the third day the patient was discharged. Since that time, both Dr. Dale and myself have depended exclusively upon this treatment, more or less modified according to circumstances, and *uniformly with success*. So confident am I that, when timely and judiciously administered, it has the power of arresting both the inflammation and the deposit of false membrane, that I now approach my patients, thus suffering, without fear, and with little anxiety. As there is no nausea, and the disease yields without emesis, it had not occurred to me to have demonstrative proof of actual membrane formed, until several months ago, when I was called into the country to see a patient aged four years, and who had now been suffering distressingly to the fifth day. This case, it seemed to me, was unmistakably one of membranous croup, and had been treated regularly by emetics, mild cathartics, blisters, etc., but it had stubbornly resisted them all, and was steadily growing worse, while the symptoms were apparently of the most aggravated character. My prognosis at this stage was decidedly unfavorable; but I gave the patient the bromide, in mixture, as before indicated, and on the following morning found it apparently much better. I now gave it, by means of the steam atomizer, a solution of bromide of potassium and chlorate of potassa topically, and continued the medicine, as before, every hour. On the following morning I found marked improvement, and ordered the medicine to be continued; and now, on again using the atomizer, assisted by my friend Dr. E. A. Grove, violent coughing ensued, and piece after piece of disintegrated false membrane was thrown off, demonstrating beyond a doubt its actual presence. The medicine was continued, and at the end of the fourth day the patient was regarded as out of danger, and on the following day was discharged.

I could not, after experiments from good authority, regard the bromide of potassium as a *solvent*, so to speak, of false membrane; nor have I ever thus regarded it; but I do believe, and on this principle I have prescribed it, that just in proportion as it is a *sedative* to the cerebro-spinal system directly, so it is a stimulant, indirectly, to the nerve-filaments and circulation of the throat; and, as the inflammation in membranous croup is usually, if not

always, of the asthenic character, it has the power by its specific action of equalizing the circulation and arresting the fibro-albuminous deposit. And when the disease is not too severe, or has not progressed too far, the system thus, by its own inherent power, will be equal to the task of repairing the evil.

The experience of my friend W. W. Dale, M.D., who has been using the same treatment, though in the earlier stages of the disease he carries the use of ipecac to nausea, and frequently combines quinine with the mixture (a necessity rarely called for, I think, when the nausea is avoided), is substantially the same; and I here speak by his authority when I state that membranous croup, spasmodic croup, and laryngitis, alike, have lost for him, as they have also for me, nearly all that dread and anxiety with which he once met them.

I trust my professional brethren will give it a trial.—*Medical Times*.

Therapeutical Value of Chloral. Extract from a paper read at a meeting of Liverpool Chemists' Association, held December 22, 1870.

If we review the pages of the medical journals for the therapeutical effects of hydrate of chloral, we shall find many cases where its action has been attended with marvellous results. There does seem not a little danger of its being erected into a kind of panacea for all the ills that flesh is heir to—of its true worth and fame suffering from too indiscriminate use, and from the administration of some of the impure compounds which are being supplied. Its value, however, is too real for actual collapse by its abuse; but its repute may be, and doubtless has been, dangerously compromised.

We find it employed in cases of "maniacal paroxysms," "delirium tremens," "traumatic tetanus," chorea, diarrhœa, whooping cough, convulsions (epileptic or otherwise), with more or less benefit; it allays vomiting, and prevents sea-sickness; in puerperal mania it is well reported of; in fact, as a sleep-compeller it is, in a very large number of cases, unrivaled; for while in power opium alone can be compared with it, there is this superiority to opium, that its use entails no unpleasant after symptoms, no head-ache, no nausea, no anorexia, no constipation, whilst the sleep it produces is gentle, calm and continued; at least, this is the general rule, but, of course, there are exceptions, and medical men complain that its administration is attended with uncertain results, and that its quality is not so good as it was when first

introduced; but even with true hydrate of chloral we must expect to find exceptional cases, so long as human beings differ so greatly in temperament, constitution, and sensibility to the action of medicine.

That hydrate of chloral ought to be perfectly pure when used in medicine is unquestionable; the substitution of alcoholate is quite sufficient to produce most of the ill effects attributed to chloral. In fact, instead of being a hypnotic, it has a tendency to produce mental excitement, as ordinary stimulants.

The dose of hydrate of chloral is from 5 grains to 30 or 40 grains, according to the purpose for which it is required. A case is on record where 100 grains were taken accidentally without any evil results; but I am informed that there is danger in continued small doses. Very unexpected results have, in a few instances, occurred. And here I would strongly caution pharmacutists not to prescribe its use themselves, or supply it to the public without the sanction of a medical man.

Hydrate of chloral has been successfully administered as an antidote to strychnia.

Hydrate of chloral cannot, in consequence of its chemical properties, be administered in the shape of pills or in the form of powder; it is, therefore, necessary almost to confine its use to solutions. For dispensing purposes, Liebreich recommends a solution of the hydrate in its own weight of water. In small doses it can be given without the addition of a corrective, but simply dissolved in distilled water.

There are several pharmaceutical preparations in which the hydrate of chloral is disguised, or its taste modified, in various ways. Of the syrups, containing 10 grains of Liebreich's hydrate in each dram, one made with syrup. pruni virg. is used in America; it is most palatable. Another is made with syr. tolu; others with syr. flor. aurant., syrup. cort. aurant. (as suggested by Liebreich). Another is flavored with almonds (Ferris). There is also a draught containing half dram chloral, with syrup tolu, tinct. ginger and peppermint water. Lozenges containing 1 grain hydrate of chloral in each, are manufactured by Messrs. Meggeson & Co.

Spiritus chloralis is made by Savory & Moore. It has a very agreeable taste and smell, but I was not able to obtain any deposit upon evaporating a little.

Limousin's capsules are known to contain alcoholate of chloral, because true hydrate cannot be secured in a gelatinous envelope.

In describing and dispensing hydrate of chloral, it should be borne in mind that no corrective with alkaline reaction can be employed with it, because such an administration would bring about the transformation of the substance.

In concluding this paper, I must add that I have no interest whatever in putting forward the claims of Liebreich's manufacture, further than a feeling of moral duty to the medical profession, pharmacists and the public, together with the conviction that other manufactures which have come under my notice do not attain the desired standard. It appears that the importers of this article now know a guaranteed hydrate of chloral and an unguaranteed hydrate of chloral. There is a guarantee to the consumer, which is the protection of the hydrate manufactured under Liebreich's supervision: this is a registered trade mark. It is offered in three forms—cake, crystal and powder; but the action of the cake is more to be relied upon. Each product should be kept in well-stoppered bottles. The large quantity which the bottles with the registered trade mark contain is, I think, a drawback to its more universal application; and I think, if the agents of this manufacture could be induced to supply it in smaller bottles,—say from 1 oz. upwards,—with the registered label on each bottle, and could produce it at a cost more in proportion with the competition, they would not only further the objects of the discoverer by more satisfactory and uniform results being produced, but also benefit mankind in general.—*Pharm. Journ., Lond., Jan. 7, 1871.—Am. Jour. Pharmacy.*

Treatment of Intermittent Fever.

Dr. S. C. Lacey, Laceyville, Pa., sends us the following plan of treatment of intermittent fever:

R. Gelsemium, Fld. Ext., } aa ʒ i.
Liquor Potass. Arsenit. }

Dose—20 drops three times per day, letting the patient drink freely of hop tea during the interval, or not, as you see fit.

I have treated a large number of cases both East and West, and never knew a patient to have more than one chill after commencing the medicine. I continue the medicine for one week, then I omit for five days, and then give two days, and then omit five days again. Do that way for four weeks and then discontinue the medicine.

I think there is nothing like gelsemium in the treatment of bilious remittent fever, also in infantile remittent. In uterine hemorrhage it is a valuable remedy. I have also found it efficacious at the commencement of labor and when the pains are inefficient, combined with fluid ext. ergot.—*Four. Mat. Med.*

Proceedings of the Annual Convention of the American Medical Association.

FIRST DAY.

The twenty-second Convention of the American Medical Association was opened in Pacific Hall, San Francisco, Cal., on Tuesday morning, May 2d, at 11 o'clock. The present officers are: President, Dr. Alfred Stillé, of Pennsylvania; Vice-Presidents, Dr. J. S. Wetherby, of Alabama, Dr. Henry Gibbons, of California, Dr. G. J. Heard, of Texas, Dr. Samuel Willey, of Minnesota. Permanent Secretary, Dr. W. B. Atkinson, Philadelphia; Assistant Secretary, Dr. Joseph Tucker, of California; Treasurer, Dr. Casper Wistar, of Pennsylvania; Librarian, Dr. F. A. Ashford, of District of Columbia.

Dr. Arthur Stout, of San Francisco, called the meeting to order, and introduced the President of the Association, Dr. Alfred Stillé.

President Stillé received a warm greeting from the meeting. He introduced the Right Rev. Bishop Kip, of California, who invoked Divine blessing upon the proceedings of the Convention.

The report of the Committee upon Credentials was called for. Dr. Stout, the Chairman, delivered an address, in which he heartily welcomed the members to the hospitalities of California.

Dr. Stout reported that the registration had not yet been completed, two hundred members having thus far been registered.

On motion, the Committee were given until Wednesday to present their report.

A letter was read from Prof. S. D. Gross, of Philadelphia, ex-President of the Association, regretting his inability to attend the sessions of the Convention. It was ordered spread on the minutes.

On motion of Dr. Stout, all members of the California State Medical Society not delegates were invited to sit as members by invitation.

The President commenced his annual address by calling attention to the vast change which had taken place in the State of California during the quarter of a century of the existence of this Society. He then adverted to the objects for which the Association was formed, and the progress which had been made in the profession, as he felt, by its agency. Further maturity, however, he said, was needed, a higher growth was to be looked for; the idea of development in education is as natural and as necessary as it is in the growth of an organized being. In speaking of advance in professional education, he considered it a fact that, although scarcely one of the many reforms recommended by the Association had been formally adopted by the colleges, medical

education had been continually improving. Obstacles to farther and more rapid improvement exist and must be met.

"Either some one institution must be endowed so as to be rendered independent of its rivals, or a number of the leading schools must agree together to adopt a curriculum in harmony with the present state of medicine, and with the system of instruction pursued in the principal schools of the world. Of these two conditions there seems no prospect whatever that the first can be fulfilled. The execution of the second depends entirely on the good will of the colleges that are interested in the decision. No one can act alone; and every effort to induce several of them to enter into a compact which shall be of mutual obligation, and not to be abrogated without the consent of all the contracting parties, or at least a large majority of them, has hitherto proved unavailing. What motives, if any, will determine the adoption of a different policy, may be conjectured, but need not be suggested; yet it is safe to affirm that if the profession at large were to lend their support to those colleges and only those which determine to carry out essentially the recommendations of the conventions of medical teachers held at Cincinnati in 1867, and at Washington in 1870, we should soon enjoy the benefits of a system of education which would place the American medical profession upon a perfect equality with that of the most favored country."

Dr. Stillé spoke, in sequence, of quackery, of the question of women entering the profession, of colored physicians, of the granting of diplomas, of the right of colleges to revoke the diplomas of men who leave the ranks of legitimate medicine for quackery, and of alcoholic stimulants as medicines.

At the conclusion of the address, a vote of thanks was accorded to the President.

Several invitations of an agreeable nature were extended to the members of the Association, which were accepted.

The reports of a large number of committees were expected. But few of them responded to the invitation of the Chair, and those principally to gain time. The report "On Protest of Naval Surgeons, etc.," by Dr. S. W. Ruschenberger, U. S. N., was read, and was laid on the table. That "On a National Medical School," by Dr. Francis Gurney Smith, of Pennsylvania, was received and adopted. That on "Criminal Abortion" was referred to the Committee on Obstetrics. That on "Medical Education" was sent in printed by Dr. Geddings. That on "Prize Essays," by Dr. T. M. Logan, was read. The reports on the "Climatology and Epidemics" of various States, were for the most part continued till next year. That on the "Climate, etc., of California," by Dr. F. W. Hatch, was referred to the Special Committee on the subject. A voluntary communication on "The Operations for Stone," was referred to the Committee on Surgery.

After some discursive remarks by various members, the meeting was adjourned to 10 A. M., on Wednesday.

SECOND DAY.

The Association met at 10 A. M., pursuant to adjournment. The attendance was large.

The minutes of Tuesday's session were read and approved.

The Committee of Arrangements and Credentials reported the names of accredited delegates and permanent members of the American Medical Association. The following members were present from the New England States:

Connecticut.—E. R. Hunt, W. Woodruff, J. W. Phelps, Chas. L. Ives, Levy Ives, L. N. Beardsley, F. L. Dibble, W. B. DeForest, B. H. Catlin, Alfred North, Moses C. White, Sheldon Beardsley, H. D. Holton, Henry McKnight.

Massachusetts.—George N. Thompson, H. R. Storer, E. Cutter, E. B. Moore.

New Hampshire.—John W. Parsons, J. L. Swett.

Rhode Island.—L. F. C. Garvin, G. L. Collins.

Dr. Ames, of Minnesota, moved that the report, with the exception of that portion referring to the members by invitation, be accepted.

Dr. Storer moved to amend the motion, in that the report be accepted as a whole, and not as at present adopted.

Dr. Toner desired to have the relations of Dr. Thomas (of Philadelphia) to the Association defined.

Dr. Henry Gibbons doubted the propriety of catechizing members, after the Committee had accepted their names. It would establish a bad precedent, aside from creating unhealthy wrangles. He suggested the reference of the Thomas case to the Committee on Ethics—but he believed such a Committee did not exist.

Dr. Pinkney attempted to define his position, etc., but was declared out of order.

Dr. Pancks moved that the case of Dr. Thomas be referred to the Committee on Ethics; if none existed—holding over from last year—one might be appointed.

The President stated that Dr. Thomas was in full communion with the Association; no case for consideration existed.

Dr. Toner moved that the vote whereby the report of the Committee on Credentials was accepted, be reconsidered.

Declared out of order.

Dr. Thomas arose to a question of privilege, and enumerated the Medical Societies in Philadelphia with which he was connected.

Dr. Storer remarked that Dr. T.'s explanation did not satisfy him. It showed that the gentleman was in better standing than

he had supposed, but he favored the reference of the matter to the Committee on Ethics.

A delegate suggested that Dr. Pearson, of Woodland, occupied questionable relations with the Association.

Dr. Johnson, of Missouri, endorsed Dr. Pearson as a highly educated physician and able practitioner.

The Dr. Thomas case was finally referred to the Committee on Ethics by a vote of 85 to 15.

Dr. H. Gibbons stated that there was no Committee on Ethics in existence.

The President, by a vote of the Association, was authorized to appoint a Committee on Ethics at an early day.

Dr. Logan presented a list of members of the San Francisco Medical Society, and moved that they be declared members of the Association by invitation.

Dr. Stout favored the motion, and recited cogent reasons for his action. California, situated on the verge of the continent, and yet in her infancy, failed to afford some of the facilities for progress found in the East. Medical Societies were not numerous here, and chances for physicians to become eligible for membership to the National Society were comparatively few. It was for this reason that he supported the motion.

Dr. Simmons, as one of the Committee on Credentials, would have been pleased to recommend the gentlemen, for membership, but found the Constitution prohibited such action.

Dr. Davis, of Chicago (Ill.), said that there were other medical gentlemen, outside of those in the list read by Dr. Logan, who were desirous of becoming members of the Association. The speaker did not favor excluding the gentlemen, by any means. Let them come in and witness our proceedings; extend cordial invitations to them to mingle with members of the Association; but they cannot be admitted as members. The Constitution would not permit the passage of the motion offered by Dr. Logan—and the Association must cling to the Constitution.

Dr. Logan's motion was lost, and a motion to invite the applicants to visit the meetings of the Association prevailed.

Dr. Yandell, of Kentucky, read a report of the Committee on Medical Education, prepared by Dr. Geddings, of South Carolina. In a private letter, Dr. Geddings notified the Association that the entire report was written by himself, without consulting other members of the Committee.

On motion, the report was accepted and referred to the Committee on Publication.

In the discussion of the report, considerable time was occupied by appeals from the decisions of the Chair, etc.

Dr. Henry Gibbons extended still farther invitations to the members, which were accepted.

Dr. Gibbons read an article on Vaccination, published in a homœopathic journal,* by Dr. Henry A. Martin, with his official title as Chairman of Committee on Vaccination of the American Medical Association affixed. The opinions enunciated by the writer seemed to grate harshly on the ears of members of the profession. When he had finished reading the article, Dr. Gibbons moved for a reconsideration of the vote, whereby Dr. Martin was continued Chairman of the Committee on Vaccination for another year. The gentleman had insulted each and every member of the Association by the publication, and in justice to themselves immediate action should be taken in the matter.

Dr. Storer was acquainted with the circumstances of the case, and felt that the Association should suspend judgment until Dr. Martin could be heard.

Members called for a second reading of the article.

Dr. Gibbons read the first few lines.

Members—"That's enough."

Dr. Dawson said that the article was an insult to every member of the Association, and moved that Dr. Martin be expelled as a member of the Association.

Dr. Bibb offered an amendment, that a committee of three be appointed to prefer charges against the gentleman.

Dr. Davis suggested the reference of the matter to the Massachusetts State Medical Society, to which Dr. Martin belonged.

Dr. Johnson gave Massachusetts a shot for her delinquencies; many of the members consorted with homœopaths in that State, hence nothing would be accomplished by referring the matter to the local society there.

Dr. Stout offered an amendment to Dr. Bibb's motion—that the matter be referred to the Committee on Ethics.

Dr. Gibbons' motion to remove prevailed; Dr. Stout's amendment to refer the matter to the Committee on Ethics was also passed.

The Committee on Ethics was appointed by the chair, and consists of Dr. Henry Gibbons, Dr. Davis, of Chicago, Dr. F. S. Smith, Dr. Parsons, and Dr. Toner.

A motion to refer all questions of membership and character to the Committee on Ethics prevailed.

Several protests from Connecticut, Massachusetts and New York were referred to the Committee on Ethics.

Dr. T. M. Logan, of Sacramento, Chairman of the Committee on Prize Essays, reported in favor of awarding prizes as follows: First prize—to E. R. Taylor, of Sacramento, for essay upon the "Chemical Constitution of the Bile." Second prize—to Benj. Howard, M.D., of New York, for essay upon "The direct method

* The New England Medical Gazette, January, 1871.

of artificial respiration for the treatment of persons apparently dead from suffocation, from drowning, or from other causes." Several other essays were received and considered.

On motion, the Committee on Prize Essays were instructed to return essays to writers when desired.

Dr. Davis, of Chicago, member of the Committee on Resolutions, appointed at the meeting of the Association in 1869, submitted an elaborate report, closing with the following resolutions:

Resolved, That each State and local Medical Society be requested to provide, as a permanent part of its organization, a Board of Censors for determining the educational qualifications of such young men as propose to commence the study of medicine, and that no member of such Societies be permitted to receive a student into his office until such student presents a certificate of proper preliminary education from the Censors appointed for that purpose, or a degree from some literary college of known good standing.

Resolved, That a more complete organization of the profession in each State is greatly needed, for the purpose of affording a more efficient basis, both for educational and scientific purposes.

Resolved, That a committee of three be appointed for the purpose of continuing the correspondence with the State Medical Societies, and of asking their earnest attention to the foregoing resolutions, in addition to those submitted for their action in 1869.

Dr. Moore, of St. Louis, offered a resolution that all medical colleges charge \$100 as the fee for a course of lectures, and that a forfeiture of this rule shall exclude such college from representation in the Convention. After a protracted discussion, the resolution was voted down, on the ground that quality of education does not depend on price.

The resolutions offered were all tabled, and the Convention then adjourned until Thursday.

THIRD DAY.

The Association assembled pursuant to adjournment. In the absence of Dr. Stillé, Dr. Henry Gibbons assumed the chair.

The Committee on Publication reported that the copy of Vol. XXI was put into the hands of the printer on May 26th, 1870, but in consequence of the necessity of ascertaining definitely, by means of circulars distributed to the members of the Association, how many copies it would be necessary or safe to print, the volume was not fairly started until the 1st of July. They then went to press, and 650 copies were printed. The report is accompanied

by a table, exhibiting the number of copies of each volume, and the number disposed of since the last report.

The Treasurer's report was read by the Secretary, from which we learn that the receipts during the year were \$3,802.88; disbursements, \$3,098.56; the balance on hand is \$704.32. The Treasurer reiterates the hope that the Association will not refer any matter to the Committee on Publication not of real value, as all the matter thus referred must be published, at times causing the volume of transactions to cost more than the sum fixed for its purchase by members.

Referred to the Committee on Publication.

The report of the Librarian, F. A. Ashford, M.D., of Washington, was received and read. He reported that the books entrusted to his custody by his predecessors had been well preserved at the Smithsonian Institute, through the kindness of Prof. Henry and its Regents. Three hundred and thirty-nine volumes, including pamphlets, monograms, etc., composed the collection at the date of the last report, and the additional matter received during the past year has been chiefly a continuation of the medical and surgical journals. The report is replete with important suggestions.

Referred to the Committee on Publication.

Association of Superintendents of Insane Asylums.—John C. Atlee, M.D., delegate to the Association of Medical Superintendents of American Institutions for the Insane, made a report, following which Dr. Storer offered the following resolution:

Resolved, That the Association of Superintendents of Institutions for the treatment of the Insane and the American Medical Association should be more closely united, and that the meetings of the two Associations should be held at about the same time and at the same place.

Adopted.

Dr. Johnson, of Missouri, presented a report from a Special Committee, suggesting a plan for the elevation of medical attainments and establishment of a National Academy of Medicine.

Referred to Committee on Education.

Dr. Yandell, of the Special Committee, to whom was referred the report of Dr. Pinkney, on Foreign Naval Medical Affairs, submitted at the session of the Association in 1870, presented the said report and moved its reference to the Committee on Education.

The motion prevailed.

Dr. E. T. Barber, of Yreka, submitted a report upon a case of fracture of the neck of the femur in a child seven years of age.

Referred to the Committee on Publication.

The Chairman of the Section on Materia Medica and Chemistry, Dr. Yandell, reported having received a valuable paper

from Dr. Gibbons, of Alameda, entitled *The Botany of the Pacific Coast*. The paper was accompanied by one hundred and eighty specimens of indigenous plants, etc., and would certainly be considered a valuable contribution to the science of medicine.

The Committee moved that the paper be referred to the Committee on Publication.

Dr. Gibbons arose and requested that the recommendation of the committee be withdrawn. The paper was not complete—not as perfect as he could make it by additional work.

On motion, a vote of thanks was passed, and the paper returned to its author for completion.

Dr. H. R. Storer, delegate from the American Medical Association to the Canadian Medical Association, submitted a verbal report in behalf of himself and associates—Dr. Sullivan, of Boston, and Dr. Gerrish, of New York. He eulogized the Canadian Association. Its members were far above the members of the American Association in point of medical education—almost all of them having graduated from European Colleges of note.

The Committee on Nominations made the following report:—For President, Dr. D. W. Yandell, of Kentucky; First Vice President, Thos. M. Logan, of California; Second Vice President, C. L. Ives, of Alabama; Third Vice President, R. M. Mitchell, of Alabama; Fourth Vice President, J. K. Bartlett, of Wisconsin; Assistant Secretary, D. Murray Chester; Librarian, F. A. Ashford, Philadelphia; Treasurer, C. Weston, Philadelphia. Next place of meeting, Philadelphia.

On motion of Dr. Davis, the report was accepted, and the officers unanimously elected.

The Committee on Ethics submitted a partial report, recommending some removals, etc., and asking time in the case of Dr. Thomas, the delegate from the Female College of Philadelphia.

The report was accepted.

Under the head of unfinished business, an amendment to the Constitution, offered at the last meeting of the Association by Dr. Hartshorne, of Philadelphia, was taken up for consideration. The proposed amendment is embodied in the following resolution:

“Resolved, That nothing in this Constitution shall be so construed as to prevent delegates from colleges in which women are taught and graduated in medicine, and hospitals in which medical women, graduates in medicine, attend, from being received as members of this Association.”

A lively discussion ensued, in the course of which, remarks were made in favor of the resolution by Drs. Harding of Indiana, King of Pennsylvania, Gibbons of California, Atlee of Pennsylvania, and Thomas of Pennsylvania; and in opposition by Drs. Davis of Illinois, Johnson of Missouri, and McArthur of Illinois.

A vote was taken, and the motion to adopt the resolution was indefinitely postponed.

The Convention then adjourned until Friday.

FOURTH DAY.

The Association assembled at 9 A.M. President Stillé in the chair.

A number of the delegates having departed for the interior, the attendance did not equal that of previous sessions.

The minutes of preceding meetings were read and approved.

Dr. T. M. Logan, of Sacramento, submitted a series of resolutions recommending the establishment of a chair of hygiene in medical schools, and suggesting a National Health Council, based on the principle of the State Boards of Health of Massachusetts and California.

Adopted, and referred to the Committee on Publication.

Dr. Logan moved that the State of Pennsylvania be represented by the President, Dr. Stillé, on the proposed Committee.

Carried.

The nominating committee reported the names of gentlemen selected by them for the various standing committees and for the officers of sections.

The Secretary read the minutes of the Committee on Obstetrics and Medical Jurisprudence.

Referred to the Committee on Publication.

Dr. O'Donnell offered a resolution condemning criminal abortion, and urging stringent measures for its prevention.

Surgeon J. M. Brown, of the United States Navy, returned the thanks of the medical gentlemen of this department of the public service for the hearty coöperation of the Association in the recent contest between line and staff; a contest to define the position and rights of the latter, and acknowledge the dignity of the profession. The law now recognized the usefulness of the staff, and regulated the rank of officers; it did not give them all they were entitled to, but enough on which to make an honorable concession and fair compromise.

Referred to the Committee on Publication.

Dr. Montgomery, of Sacramento, offered a resolution to the effect that a Chair of Ethics should be established in all the Medical Colleges in the United States, either as an Independent Chair or in connection with some other department.

Withdrawn.

The number of licensed physicians in the United States has been ascertained by Dr. J. M. Toner, after considerable labor—according to the statement of Dr. McArthur, of Illinois. There are some 60,000 physicians; only 3,000 of them homœopaths. In

view of the importance of these statistics, it was moved that they be referred to the Committee on Publication.

The motion prevailed.

In view of the fact that a proposition for a memorial to Sir James Y. Simpson had been inaugurated by the physicians of Europe and Canada, and that the coöperation of the American Medical Association was desired, Dr. Storer moved that the Association take the necessary steps in the matter as an evidence of their appreciation of the deceased.

Carried.

The Committee on Ethics reported to refer the case of Dr. Martin, of Massachusetts, mentioned in the record of the first day's meeting, to the local Society. Dr. T. M. Wise, of Kentucky, was appointed Chairman of the Committee on Vaccination, in place of Dr. Martin, removed.

Dr. Atlee, of Philadelphia, offered the following resolution:

Resolved, That the American Medical Association acknowledges the right of its members to meet in consultation the graduates and teachers of Women's Medical Colleges, provided the code of ethics of the Association is observed.

Dr. Storer hoped that no action would be taken on the resolution. Inasmuch as the question was discussed fully yesterday, he would protest against the question coming up again. He thought that the sense of the Association was fully ascertained by the votes already taken.

Dr. Johnson, of Missouri, had a few words to say in behalf of the resolution. He hoped it would pass. This was not a question as to the admission of women into the Association; it was merely a resolution to protect the medical science. He would regret to have the women assailed by the Association; any honorable man would agree with him on that proposition. Let the women have their own associations and manage their own affairs—but when it comes to consulting, all barriers should be removed.

A sprightly discussion then ensued, which was engaged in by various members of the Convention; the proceedings assumed an uproarious character, and an incessant din took the place of legitimate debate.

The question recurred upon the original resolution.

Dr. J. M. Brown moved that the subject matter be indefinitely postponed.

Dr. Toner moved to lay the resolution upon the table.

The President called for an expression of opinion by the Association.

Misunderstanding the question before the house, many delegates arose, then became seated, and continued to give evidence of indecision, until the body of the house recalled reminiscences of the fishing excursion by the incessant bobbing in progress.

Finally a delegate called upon the President to state the question. Dr. Atlee called for a vote upon his original proposition.

Dr. Davis desired to know if the Association would falsify its record of yesterday, and continue to wrangle until it was too late to go over the bay. The question under consideration did not amount to any more than tweedledee and tweedledum at best.

Dr. Cole—I move that we adjourn until 8 o'clock this evening, and make the consideration of this resolution the special order.

Carried.

The members of the Association, together with other invited guests, proceeded on an excursion to Oakland.

EVENING SESSION.

The Association assembled in the evening, pursuant to adjournment, President Stillé in the chair.

The resolution on the female physician question, the special order of the evening, was discussed with great freedom. Finally, after a spicy debate—

Dr. Matherly suggested that the American Medical Association had no authority for meddling in local quarrels, and therefore moved an indefinite postponement of the subject matter.

The motion prevailed.

Dr. Storer submitted the following resolution:

Resolved, That this Association views with dissatisfaction the course of gentlemen who, in setting at defiance their local and State Societies, have contemplated the establishment of a precedent that, admitted in other matters, would at once destroy the authority of this Association.

Indefinitely postponed, on motion of Dr. Gibbons.

Resolutions of thanks to the officers, the press, and railroad companies, were passed, after which the meeting adjourned *sine die*.—*Boston Med. and Surg. Journal*.

Glue which Withstands the Action of Moisture.

Dr. Bottger gives, in the *Polytechnical Journal*, the following receipt for glue which will withstand the effects of moisture:

"Dissolve in about eight fluid ounces of strong methylated spirit, half an ounce of sandarac and mastic; next, add half an ounce of turpentine. This solution is then added to a hot, thick solution of glue, to which isinglass has been added, and is next filtered, while hot, through cloth or a good sieve."

Correspondence.

EDITOR CHICAGO MEDICAL JOURNAL.

My address to the last graduating class in Rush Medical College, has called out an article from the pen of Dr. McElroy, which he opens as follows:

"Questions of science and fact are not often settled by after-dinner addresses. And for their utterances on such occasions, gentlemen are very properly not held to very strict account.

"But it is, nevertheless, to be regretted that those whose positions in life give to their utterances on all public occasions an *ex cathedra* importance, should ever discuss questions of science and fact as partisans of particular conclusions, in the absence of positive demonstration.

"Prof. Gunn, at the recent commencement of Rush Medical College, discussed at some length, and in no catholic and scientific spirit, it seems to me, the correlation of the physical and vital forces; but rather as a partisan that no such correlation exists in fact."

The Doctor then proceeds to give a history of his own thoughts, reasoning, and conclusions upon the subject. I read his article with care and interest, but I do not propose to reply to any portion of it, save that which I have quoted, further than to remark that it is unfortunate that it was not an after-dinner effort, so as to be entitled to that leniency, which the Doctor, himself, says should be awarded to such productions; for surely, an article which persistently denies the existence of a vital force and yet strenuously labors to correlate it with physical forces is in sore need of charity.

I am charged with an uncatholic, unscientific and partisan spirit in discussion. I regret that I have incurred the application of the first two adjectives; as to the third, if an earnest effort to expose the fallacies of the new philosophy earns me the title of partisan, I accept it with all cheerfulness; but my partisanship will not prevent my recognizing and accepting truth whenever and wherever presented. As to the charge that there was an absence of demonstration, a reference to my address will show that the several positions that I took were demonstrated by a reference to facts which are not denied by any one. Neither my positions

nor facts have been directly assaulted by Dr. McElroy, but he has given them a wide berth. Whenever they are attacked I will endeavor to defend them, unless I am convinced that they are unworthy of defense, in which event I will confess my error.

MOSES GUNN.

MATTOON, ILL., April 25, 1871.

EDITORS CHICAGO MEDICAL JOURNAL:

The following treatment for paraphymosis is, as far as I know, entirely new, but has been entirely successful in my hands, and as these cases are sometimes very annoying to the young practitioner, and as (most persons are very nervous about the use of the knife on so important an organ) they are frequently compelled to send for consultation, I send the following for their benefit.

The patient standing erect, first pour a stream of cold water (ice water, if at hand,) upon the glans penis for a minute or two steadily, then grasp the glans firmly between the thumb and index finger of the left hand, and make pretty forcible traction in a direction at right angles to the body of the patient, pressing firmly upon the glans at the same time, while with the thumb and index finger of the right hand the prepuce is slipped or drawn forward.

By thus putting the vessels on the stretch they are relieved from the pressure of the stricture, and the blood and infiltrated fluids are readily allowed to pass back beyond it, when the glans is easily pushed through the constricted prepuce into its proper position.

After traction and compression of the glans has been continued one minute, the attempt may be made to reduce it, and the first effort will generally succeed, though the grasp is not to be loosened but the pressure is to be continued and the glans forced backward, the right thumb and finger drawing the prepuce forward at the same time.

If the first attempt should fail, repeat the effort according to directions, and success is certain.

If there is a tendency to return of the stricture, instruct the

patient to pour a stream of cold water on the glans every fifteen minutes, and to hold it in the normal position until the tendency is overcome.

If the organ is much inflamed and painful to the touch, it would be well enough for the patient to take a good "slug" of whisky before commencing the operation.

After treatment, the cold effusion and arnica dressing may be used for a few days, or until the inflammation subsides.

I have succeeded in reducing several very obstinate cases in less than five minutes by this method.

TREATMENT OF ORCHITIS.

I have tried blistering over the saphenous opening with nitrate of silver, in both acute and chronic orchitis, with the most satisfactory results.

I use in connection with this, active catharsis or emeto catharsis in the beginning of the treatment, and repeat both the blistering and cathartics in three or four days or a week if the case requires it.

As a dressing to the diseased testicle, equal parts vinegar and a strong solution of chloride of sodium, ice cold, acts well.

The patient to be kept in a recumbent position for two or three days, and to wear a suspensory bandage for two or three weeks.

I have never tried the fly-blister, but presume it would act equally as well as the nitrate of silver.

DR. TOM B. DORA.

Petroleum in Dry Rot.

According to Herbst, petroleum may be applied with excellent advantage in the extirpation of the dry rot, it being only necessary to paint the surface of wood thus affected with the petroleum. A solution of carbolic acid, however, answers the same purpose and involves much less danger from fire.—*Agr. Report.*

Editorial.***Parke, Jennings & Co.***

Our readers, have, of course, read the advertisement of this firm on the cover of the JOURNAL. The advertising and editorial pages of this Journal are entirely distinct. The publishers control the former, the editors the latter. But simple justice to a highly deserving and enterprising firm requires that we should say that they are doing a great work in the Northwest. From careful trial of many of their preparations, in our private practice, we are prepared to say that they have surprised us by a purity and perfection which we have rarely seen equaled.

Not as a compliment to the firm, but as a personal guarantee from personal experience, we are prepared to say, that Messrs. Parke, Jennings & Co. have succeeded in furnishing the profession medicines which are prepared with the most exquisite care, and may be depended upon for producing their typical effects. We can most cordially recommend their various preparations to our friends and the profession generally.

It will be noticed that the long-time agent of Tilden & Co., Mr. E. BENNETT, has become associated with Messrs. Parke, Jennings & Co., and his familiar face and well known thorough acquaintance with the drug business, in all its various ramifications, will inspire appropriate confidence in all those who are aware of his conscientious devotion to the business of introduction to the profession of absolutely pure and reliable medicines. We have known Mr. Bennett for many years, and firmly believe that he will never knowingly advocate or seek to introduce other than the very best of drugs and chemicals.

This notice, we repeat, is no mere puff, but given on the personal responsibility of the senior editor as eminently due a highly deserving enterprise, and several wholly reliable gentlemen.

Half-Yearly Compendium.

No. VII of this valuable American syllabus of valuable articles from the medical press of this country has come to hand. \$3. per annum; single Nos. \$2; Nos. 1 to 6 inclusive, \$7. Address S. W. Butler, M.D., 115 S. Seventh street, Philadelphia. The publisher sends us the following card:

AN EXPLANATION.

The very late appearance of this number of the Half-Yearly Compendium has been caused by the loss of a large and important portion of copy by a printer. The fact was concealed from us for a long time, while frivolous excuses were given for the delay, and when we were apprised of the loss, considerable time was required to supply new copy.

To us this unfortunate delay has been a positive, downright loss, and the damage can scarcely be estimated by dollars and cents. To our subscribers it has been an annoyance the cause of which could not well be explained in detail, and we have sufficient confidence in them to believe that this explanation will be accepted, and that they will forgive and forget.

S. W. BUTLER.

American Journal of Obstetrics.

Wm. Baldwin & Co., 21 Park Row, New York, have assumed the publication of this now standard Journal. Issued quarterly, at \$5 a year. Single copies, \$1.50. It is unnecessary for us to repeat that it is the best periodical extant on the subjects to which it is devoted. The names of Dawson, Næggerath and Jacobi, the editors, alone, are a sufficient guarantee of its practical worth and excellence. Don't be satisfied merely with Prof. —'s superficial twaddle on the woman question, but read, mark, learn and inwardly digest what those who know, have to say and write about it.

Lying Made Easy.

The inventive genius of the American mind has been credited already with much that is ingenious, much that is useful, and much that is detrimental to humanity. Among the first two divisions, as eminently typical of both, we would classify the art of printing; among the second two, as likewise representing both, might be classed the manufacture of lucifer matches, and nitro-glycerine. Under the last head, as peculiarly representative thereof, should be ranged the art of lying, as applied to the manufacture of "medical cases" for publication. In looking over the published

lists of patents issued to Western inventors we regret to observe the absence of a notice of the issue of letters patent for this manufacture, because we hope it will be made the strict monopoly of its present holders and carefully protected from infringement, in order that the professional public may always be able to judge the quality of the article by the "trade mark," the maker's name, without being subjected to the necessity of a critical personal explanation; and also, that, as in the case of the chemical above referred to, when the inevitable explosion occurs, the inventor, and he alone, may be "hoist with his own petard."

Within a comparatively short time, several cases of deliberate fraud have been brought to the knowledge of this Journal. Two of these we have taken occasion to notice in such a manner as to induce readers to criticise them carefully, and thus detect their true character. We have only done so after careful investigation and full proof, in the hope that the hint would be sufficient.

In the future, under similar circumstances, we shall, after having gathered all the facts, publish them in detail without fear or favor.

W. H.

The disagreements of doctors have become proverbial; but while admitting their frequency, we must plead in palliation the sometimes vague and doubtful data upon which they are called upon to make diagnosis.

We submit to our readers the following verbatim copy of a letter, by the aid of which we were expected to "give an opinion" of a case. If any of our professional brethren can throw any light upon the subject, we promise to make all due allowance for honest differences of opinion.

W. H.

"Dr doctor my litle boy 5 years and 8 mounths he has taking sick on the 6 of december when i notice hem geting sick he com-
pleiand of every Joint in body geting sore then a few days after
* he got feeble and then sweld up every Joint in his body even to
the solls of his feet then he got stife

"he a vilent beating on he hart and is all the time sweeting and
when he gose to sleep he moans and sys if you hard hem you

would think that his hart would break he coff all the time and heef of throws of big flams he bely is swell and and hard he lips swelled up he is picking he nose and lip and fingears neals he eat nothing he compleans of a in he bely and in stomick and he sides he water after setling torns yallow and crooddles he is real scelliton this last 4 or 5 day back he complens of sumting resing up to he troatle and choaking hem he is needing very often and cannot pass nothing except when he get medcin so you are recommended to me on yesterday as i had trile of a good many ectors before you i thought try you "

[COMMUNICATED.]

KEELER, April 30, 1871.

J. ADAMS ALLEN, M.D.

Sir—Mrs. G., aged 32, died 28th; postmort. 30th, to-day; abdomen of large size distended to utmost capacity, tapped to draw off fluids, considerable gas escaped; made incision from ensiform cartilage to midway between umbilicus and pubes; on opening to the peritoneum found it white, firm and adherent to the morbid growth; dissecting the soft parts, removed about ten pounds, eight inches in width, $2\frac{1}{2}$ thick in centre, and extending from side to side, saddle-shaped. We now removed about three pints fluid, yellowish brown lymph; think there were some pus globules in it; found the whole parietes lined with a substance from one to one and a half inches in thickness; in most places it could be broken up with the hand into a lumpy substance of a greenish color, looking exactly as though you had taken a handful of jelly, closed your hand upon it and broken it up. This substance was found everywhere except on the diaphragm and a strip about four inches wide along the spine extending down to the anus where the bowels were firmly pressed against the spine, there the peritoneum was smooth to the feel, and there appeared to be no deposit of this peculiar substance there; in places it was firmer from the umbilicus down to the bowels, it was firmer at the attachment to the parietes, and all the attachments to the bowels were easily broken up with the fingers, denuding the bowels of their peritoneal covering. In other respects the bowels were healthy. The liver was pressed up and to the right side, being bound by strong

ligaments, too strong to be broken up by the fingers readily; the uterus was small; no enlargement of any organ, but from long sickness and strong pressure they were diminished in size.

I send you a sample of the most organized parts, some of it being quite firm; one portion from the large tumor near the umbilicus, involving the omentum, peritoneal covering of the bowels, and parietal peritoneum; the other portion taken from the broad ligament. There was one opening into the bowel, perhaps four lines, forming a cul-de-sac in the substance one and a quarter inches in depth, but saw no fecal matter, yet it could have passed into it from the bowel. The whole growth sprung from the lining membrane of the parietes of the abdomen as grass grows from the lawn. One and a half years since, I diagnosed the case chronic peritonitis, and have ever since held to the opinion. The substance had a feel like glue, and when dried on the fingers a little, would glue them together quite strongly; the whole amount of it would probably weigh thirty-five pounds.

Our examination was hurried and bungled through for want of time. I will be much obliged to you if you will examine the specimen and let me know what you think about it. The specimen sent you is of the most fibrous cellular specimen to be procured, having cut it from the most solid part, yet by handling them they have parted with the greater part of the gelatinous substance, leaving the fibrous portions more by themselves.

That such a large amount of substance should accumulate in two years, all from the peritonea membrane, is out of the common course of events, no other organs being involved except the small glands, being, as it were, swallowed up by the growth.

Yours, truly,

GEO. BARTHOLOMEW.

EDS. NOTE. The specimen accompanying the above communication when subjected to microscopic examination presented the characteristic appearances of colloid cancer; consisting of cells presenting every stage of perversion from the typical cell of normal epithelium to the nucleated fibre cell; these extremes, however, being in the minority; the principal portion consisting of large irregularly ovoidal and fusiform multinucleated and nucleolated cells, with abundant free nuclei; the whole being

evidently proliferated from the epithelial layer of the peritoneum, and extending over its whole extent. It would have added much to the pathological interest and value of this report, and the accompanying specimen, had the condition of the nervous ganglia in the abdomen been investigated, as a perversion of nutrition so extensive would, in all probability, involve as a proximate cause, some permanent modification of the ganglionic nervous system. Inflammatory disorganization of a semi-lunar ganglion being a well known cause of the corresponding lesion in the intestinal tract, it would be interesting to investigate the condition of these nervous centers as associated with a lesion so widely different in its character.

Of course, in the present state of science, our correspondent could not indulge in the faintest hope of even improving the condition of his patient, but while powerless to aid her individually, he has wisely endeavored to utilize the materials furnished by the case, for the advancement of science, and the possible benefit to future sufferers. We trust his good example will be followed by others. If gentlemen would report their failures, and furnish by means of autopsies the causes thereof, it might happen that one lost case thus given to the world would possess much greater value to science than many quasi successes which might be, after all, but cases of *post hoc non propter hoc*.

W. H.

Placenta Prævia.

Dr. Storer considered it of little advantage to temporize in these cases. Fortunately but few practitioners had many opportunities either of doing so or of testing in their own practice the different methods of treatment that had been suggested. He himself did not consider the old plan of forcibly delivering through the placenta nearly so good a one as that of Simpson, by detaching the placenta throughout its surface as rapidly as possible. Before relinquishing obstetric practice, he had been enabled to do this in more than one instance, and always with the happiest results.—*Gyn. Four.*

Loot.

Chloralum.

The new antiseptic commended by Professor Gamgee, and known as chloralum bids fair to be of much value in its applications in domestic economy and in medicine. The advantages claimed are the possession of antiseptic qualities equal to those of any other substance; while used in moderation it is entirely free from smell, from unpleasant fumes, has no disagreeable taste, and is without any irritant or poisoning qualities. According to Professor Gamgee, by its use as an antiseptic, rawhide, meat, and other animal substances, immersed in a solution of 1.030 to 1.040, specific gravity, will be preserved perfectly for an indefinite period of time, and what is still more to the purpose, will not be attacked by insects after being removed from the solution. Fish, slightly tainted, when immersed recovers its freshness of appearance, and becomes firm and palatable. In some instances fresh fish, such as salmon, when caught were dipped in the solution, and after a passage of several days, without ice, to London, in the summer season, were found to be entirely eatable. This substance is suggested as an aid in drying cod on the coast of Newfoundland and elsewhere, as thereby an immense mass of fish that are now rejected could be readily preserved. The offal of cod and mackerel fisheries which is now thrown overboard, could be preserved by this substance as long as might be required, and then carried on shore to be converted into one or other of the various forms of fish guano.

For disinfecting purposes a solution varying from 1.006 to 1.010 is sufficiently strong to answer the desired object, stronger solutions being usually unnecessary and imparting a disagreeable smell. The solid matter of sewage is said to be precipitated more rapidly by this substance than by the use of the persalt of iron, and the odor disappears entirely. The use of chloralum in any epidemic, the cattle plague or other contagious disease, including the epizootics, is indicated by the author of the communication. Finally, it is recommended for the treatment of wounds, erysipelas, gangrene, and various contagious and inflammatory diseases. It may also be used for the purpose of immersing the linen of patients before removing it from the sick chamber. For the purification of water-closets it is said to have no equal in any of the preparations hitherto recommended, and has also the advantage over nearly all the rest of being free from any offensive odor—*Agr. Report.*

Pulsation of the Ureters.

Dr. Asa Horr, of Dubuque, Iowa, writes to us of an interesting case, and asks whether it be unique or not. Will any of our readers answer the Doctor through our columns? He says that he has under treatment a case of vesico-vaginal fistula, where the cervix and os are hidden, and the orifice so distended by fibrous bands, that he can observe the discharge of the urine into the bladder, and states that it comes from the ureters in pulsations, with regular intervals of from fifteen to sixteen seconds, the pelves of the kidneys apparently contracting after the manner of the heart's action. To us the case is unique, and we shall be pleased to learn of a similar one on record.—*N. W. Journal*.

Death from Chloral Hydrate.

Dr. George G. Needham reports in the *Journal of Psychological Medicine* a case of fatal cerebral congestion following the administration of hydrate of chloral to a married woman, aged fifty, of hysterical diathesis, who had suffered for some two years with symptoms of mental derangement, consisting of distressing "nervousness," fear of impending death, hesitation, suspiciousness, etc. Ophthalmoscopic examination showed an enlarged and tortuous condition of the retinal vessels. In October, 1870, the loss of a relative threw her into a state of much excitement, for which she took, on October 19th, 115 grains of bromide of potassium. On the 21st, chloral hydrate was prescribed in thirty-grain doses, of which she took six, as follows: On the 21st, at 5.30 p.m. and 11 p.m.; on the 22d, at 10 a.m. and 3 p.m.; on the 23, at 1 a.m., 8.10 a.m., and 1.30 p.m. On the afternoon of the 22d she was sleeping quietly, with a somewhat rapid pulse, and was found in the same condition at two visits (morning and evening) on the 23d. On the morning of the 24th, her continued sleep created alarm, and ineffectual attempts were made to rouse her, which were maintained during the day and night. Sulphate of strychnia was thrice injected, in doses of one-thirtieth of a grain at intervals of four hours during the night. Coma progressed to a fatal termination on the afternoon of the 25th. The autopsy revealed extreme hyperæmia of the pia mater and brain substance. A year before, the patient had taken nearly the same quantity of chloral within the same period of time without ill effects. The writer suggests that the previous administration of a long course of bromide of potassium may increase the danger of full doses of chloral.—*Med. Gazette*.

Quinine in the Diseases of Childhood.

C. Bing, M.D., Prof. of Pharmacology in the University of Bonn, Germany, (*Am. Jour. of Obs.*) regards quinine as an important remedy in those diseases of childhood dependent on septic or zymotic conditions, like measles, scarlatina, and diphtheria. In scarlet fever, quinine should be given from the *very commencement* in sufficiently large doses, the progress of the disease carefully watched by the aid of the thermometer, and the doses increased in quantity if the fever grows threatening.

Of the acute exanthemata of infants, he would mention one particularly as being within the sphere of the influence of quinia, namely, *erysipelas neonatorum*. As a general rule, an internal dyscrasia, or an external putrid ulceration of the navel, is assumed as the cause of this fatal disease.

The action of quinine in this disease is attributed to the overcoming of the alteration of the blood, to the diminution of the high temperature, and to the direct removal of the histological causes producing the erysipelas.

In pertussis, quinine has answered his expectations. Three conditions are absolutely necessary if we desire any good results from it in whooping cough. It should be given in solution; the dose should not be too small, and should not be administered in a vehicle that will prevent it from coming in contact with the mucous membrane in its passage through the pharynx. The preparation should only be given when dissolved in muriatic acid, unless we are desirous of employing the alkaloid combined with that salt.—*Med. Record.*

Sickness and Diarrhœa of Children.

In this troublesome and frequent affection of children, a drop of ipecacuanha wine, administered every hour, is most successful. Under its influence the sickness almost immediately subsides, and the diarrhœa abates, although the latter may continue one or two days longer, and in a few cases, although very much controlled, may require another remedy to remove it. Its use is indicated when the motions are *frequent* and *slimy*, and also when they are of a *grass-green color*; and it is highly efficacious in this form of dysentery, when accompanied by vomiting; but the presence of sickness may be accepted as a special indication of its usefulness, and rarely will it be found to fail where sickness and slimy diarrhœa are present. The notes of numerous cases have been preserved, but it is unnecessary to give a detailed account of them, as they all present the symptoms above mentioned.—C. C. Fuller, in "*Lancet*," Dec. 4, 1869.—*Nashville Jour. of Med. and Surg.*

Varying Effects of Poisons on Different Animals.

It is a well-known fact that what is poisonous to one animal may be taken by another with entire impunity. In illustration of this proposition, we are informed that strychnine, so fatal to most animals, may be eaten by certain species of monkeys with perfect safety. In the case of an East India monkey, known as the Lungoor, (*Presbytis entellus*), one grain was first concealed in a piece of cucumber, which was eaten by the animal with no apparent effect. Three grains were afterward given, and with the same result. To test the strychnine used, three grains were administered to a dog, which proved almost immediately fatal. Another Indian monkey, known as the pouch cheek monkey, has been found to be more susceptible than the Lungoor, but not so much so as the dog.

It is also stated that pigeons can take opium in large quantities with no injurious consequence; goats, tobacco; and rabbits, belladonna, stramonium, and hyoscyamus.—*Agr. Report.*

Tetanus.

Dr. David W. Yandell, of Louisville, Ky., (in the Am. Practitioner), lays down the following conclusions in regard to tetanus:

1. The traumatic tetanus occurs in males in the proportion of four to one, and tends to recovery oftenest in females.
2. That tetanus is most fatal in persons under ten years of age; that it is least fatal between ten and twenty years.
3. That traumatic tetanus usually supervenes between four and nine days after the injury, and these cases represent the largest mortality.
4. Recoveries from traumatic tetanus have been usually in cases in which the disease occurs subsequent to nine days after the injury.
5. When the symptoms last fourteen days, recovery is the rule, and death the exception, apparently independent of the treatment.
6. Of all the forms of tetanus, that appearing in the puerperal state is the most fatal.
7. That chloroform, up to this, has yielded the largest percentage of cures in acute tetanus.
8. The true test of a remedy for tetanus is its influence on the history of the disease. (1) Does it cure cases in which the disease has set in previous to the ninth day? (2) Does it fail in cases whose duration exceeds fourteen days?
9. That no agent, tried by these tests, has yet established its claim as a true remedy for tetanus.

Tin Foil as a Preservative Wrapping.

Experiments conducted by E. Baudrimont with reference to the determination of the value of tin foil as a preservative wrapping for substances likely to deteriorate upon exposure to the air, have resulted in establishing its great usefulness. Boxes lined with it preserve botanical substances from deterioration a much longer time than boxes not so lined. Quick-lime wrapped in tin foil is prevented from slacking. Deliquescent salts are also kept from dissolving through the absorption of moisture from the air, when wrapped in this material. A large number of substances liable to change on exposure to the air were also protected in the same way. Some doubt having been expressed as to the impermeability of ordinary foil to air and moisture, these experiments will settle this question finally.—*Merc. Journal.*

Delirium Tremens.

Dr. Murchison, in a clinical lecture at the Middlesex Hospital, has laid down some rules concerning the treatment of delirium tremens, which are of much practical value. The administration of alcohol he condemns as "only adding fuel to the fire," and maintaining congestion of the stomach, liver and kidneys; and he has long been in the practice of giving none, except in cases where there has been evidence of fatty heart, or an intermitting pulse, or some complication calling for its use. As much nutritious food as the patient can digest should of course be given. With regard to hypnotic drugs, he says: "Whenever the urine contains albumen as the result of recent congestion or old disease of the kidneys, opium is almost certain to fail, or even prove injurious; and, accordingly, it is a good rule never to give opium until an opportunity has been offered to test the urine. But when the urine has been ascertained to be free from albumen, opium may be given without fear, and usually with the best results." A full dose at first, followed by smaller ones every three hours until sleep ensues, is recommended. Digitalis, in doses of from fifteen to thirty minims of the tincture every four hours, is "particularly indicated in cases where the urine is scanty or contains albumen, or where the patient is very excited." Bromide of potassium he had not found of much service in securing sleep, though it may moderate active delirium or mental excitement. Hydrate of chloral is "particularly applicable in those cases where opium is contra-indicated. It does not, like opium, interfere with elimination by the kidneys; and, indeed, there are grounds for believing that the existing impurities of the blood favor the action of the chloral by assisting in the liberation of chloroform. One caution is necessary with regard to it. Not only in delirium tremens, but in other diseases, the first

action of chloral (like that of an insufficient dose of chloroform) is exciting rather than sedative. You must not on that account infer that it is acting injuriously, for a second dose will often produce the desired sleep. The best way to give it is in doses of half a drachm every two or three hours until sleep results."—*Med. Gazette.—Med. Archives.*

Prepared Meat-Extracts in Java.

It has frequently been remarked that the best inventions of the western nations have, in nearly every instance, been anticipated by processes long since devised and in use by the Orientals, especially by the natives of China and Japan; and we are assured that the subject of prepared meat-extracts takes its place in this category. We are informed by a recent communication of Dr. Pott, that the inhabitants of Java have for many years been in the habit of preparing flesh extracts of various kinds, and especially of beef, fish, and crabs, and that in this form they enter very largely into the internal commerce of the country. The preparation is known by the general name of *petis*, while the particular substance, whether the flesh of one of three kinds of oxen, of fish, or of crabs, is indicated by a special affix.

The preparation of the *petis* appears to be a very simple one, consisting merely in boiling the raw material and chopping it very fine, and then putting it in a press and forcing out all the juices. This juice is then boiled down at a moderate temperature to the consistency of syrup, and kept for use. As a general rule, the preparation is made of such pieces of meat of all the animals used as when brought to market are not sold before its close, a precaution rendered necessary by the heat of the country, and the impossibility of obtaining ice, by means of which to carry the food over until the next day. The substance from which the *petis* is expressed is also dried and introduced into commerce, but is generally used immediately, while the *petis* is distributed widely throughout the Indian Archipelago, and can be kept a long time. These preparations have an extremely saline taste, due almost entirely, however, to the concentration of the organic salts originally contained in the expressed juice. The smell is said to be quite agreeable, and the taste very appetizing.—*Agr. Report.*

Pepsin and its Medical Preparations.

Dr. Fred. Hoffmann, of New York, relates, in a recent publication in the Proceedings of the American Pharmaceutical Association, a series of comparative examinations of the French as well as of the American commercial dry pepsins, by which he has satisfied himself of the well-founded disfavor into which this remedial agent

has fallen with the practitioner. The author refers to similar results recently published by Dr. Hager, of Berlin (*Pharmac. Central Halle*, 1870), wherein Dr. Hager states that this remedy had been in discredit with him for years, but that his attention had been drawn to pepsin anew by the remarkable efficacy of Schering's recently introduced "Essence of Pepsin," prepared from dried ostrich's stomachs, at the advice of Dr. Oscar Liebreich. Dr. Hager examined, and gives in his paper the formulas of, the French liquid pepsin preparations. He found none of them equal in efficacy to Schering's preparation, which dissolves, at the temperature of the human body, one-tenth of its weight of humid blood-fibrin within one hour.

Dr. Hoffmann concludes his paper, "According to long experience and to the numerous and recent statements of eminent practitioners and observers, there remains no doubt that pepsin, when properly obtained and prepared, is of great therapeutical value in cases where the secretion of the gastric juice is either deficient in quantity or defective in quality, and that the discredit attributed to it is due to the inferior quality of the pepsin preparation, and to the defective mode of obtaining and preparing the same. It ought to be the aim, and lies in the self-interest of the pharmacist, henceforth to remedy the unreliability of this important preparation, and so furnish the practitioner and the patient with a pepsin in the most judicious form of preparation.

"In order to secure this desideratum I think it necessary to discard all amylaceous and similar so-called dry pepsin. Being a remedial agent of no chemical stability, and perhaps in a state of continuous self-decomposition when in contact with organic substances and with the atmosphere, our dry amylaceous pepsins are subjected to constant and incidental degradation. Sooner or later they will lose all medical power, and become totally inert. I believe that the best mode of obtaining and preserving the pepsin principle of the gastric juice of the stomach is its incorporation into inactive liquid menstrua without any chemical treatment, as is the case in Boudault's process, and in that of the French code. The simplest possible menstruum, perhaps, may be a mixture of glycerin and water, with or without an addition of some percentage of alcohol flavored with any artificial wine or fruit essence. The quantity of alcohol, however, ought not to exceed ten per cent., since a greater admixture probably neutralizes the therapeutic action of pepsin.

"The best mode of obtaining the gastric juice from the cleansed, fresh stomachs of a calf, pig, sheep, or of the turkey, is to squeeze them repeatedly between wooden rollers. After all the juice has been squeezed and collected with silver spoons, the membranes are each time, before again passing through the rollers, brushed with a mixture of equal parts of water and glycerin. By this

operation, the membranes are thoroughly exhausted. According to our present experience, it may be best to add to the obtained juice a mixture consisting of twenty-five weight parts of glycerin, two parts of hydrochloric acid, eight parts of alcohol, and sixty-five parts of water, deprived of atmospheric admixture by previous boiling. But in order to make the preparation more agreeable to the taste I use, instead of the water, good Rhine wine, which by its simplicity and greater reliability as to its genuineness is greatly preferable to our commercial Madeira, sherry, and port wines. The mixture is then left in a very cool place (in summer in the ice-box), to deposit, in bottles entirely filled and well corked. When clear it is decanted, the rest filtered, and is then kept in a cool place in small bottles completely filled and tightly closed. The addition of hydrochloric acid may not be necessary, but it seems to be subservient to the clarification of the mixture.

"As to the strength of this pepsin wine, there is no standard established yet. I prepare it of the strength, suggested by Dr. Hager, to dissolve twelve and a half parts of its own weight of humid blood-fibrin."—*Medical Record*.

CHICAGO, April 1, 1871.

EDITORS CHICAGO MEDICAL JOURNAL:

I take pleasure in informing you that at the annual meeting of the Alumni Association of the Chicago Medical College, held March 14, 1871, the prize of \$100 was awarded to DR. LYMAN WARE, class of 1866, for an essay entitled "Antagonisms between Opium and Belladonna." This essay, together with the President's Address, will be sent to all Alumni, who become members of the Association. You are respectfully urged to become a member, by sending your name and address, with one dollar, to the Secretary.

The Association has again voted \$100 for a prize to that member of the Association who will present the best essay on some medical or surgical topic. Of the above sum, DR. N. S. DAVIS will donate \$50. DR. LYMAN WARE donates \$50 for a prize to that member of the Association who will present the second best essay on some medical or surgical topic. The competing essays must be placed in the hands of the Secretary of the Association, before the 15th February, 1872.

Each essay must be designated by a device or motto, and must be accompanied by a sealed envelope, bearing the same device or motto, containing the name and address of the author.

The essays will be examined by a committee, consisting of Drs. N. S. DAVIS, E. ANDREWS, H. A. JOHNSON, and WALTER HAY; and the envel-

ope accompanying the successful essay will be opened, and the name of the author announced, at the next annual meeting of the Association, in 1872.

Please forward your annual dues by return mail.

As I am unable to find the address of the following Alumni, you will confer a great favor by giving me information concerning them:

Charles Ashworth, class 1869; H. C. Barrett, class 1865; J. W. Barlow, class 1867; C. C. Bendeke, class 1869; R. W. Bower, class 1870; O. F. Bartlett, class 1862; J. Conant, class 1860; T. Cochrane, class 1865; G. M. Conville, class 1868; W. H. Crothers, class 1869; Wm. C. Chafee, class 1869; J. H. Curtiss, class 1869; E. Deane, class 1863; Wm. Deal, class 1869; S. H. Drake, class 1869; Lucius Dillie, class 1870; W. C. Griswold, class 1864; E. T. Greenleaf, class 1864; J. S. Gibson, class 1869; J. Hoke, class 1869; G. B. Hoblet, class 1869; J. H. Hudson, class 1870; C. D. H. Jones, class 1860; C. T. Johnson, class 1866; J. H. Leitch, class 1862; J. E. Link, class 1865; J. R. Lane, class 1867; E. Y. Lawrence, class 1867; J. N. McLane, class 1863; S. McGiffin, class 1865; H. C. McCoy, class 1866; J. D. Morris, class 1863; H. G. Morgan, class 1868; A. S. Martin, class 1864; W. E. Morris, class 1866; J. Nicolai, class 1861; W. D. Plummer, class 1864; A. D. Rouse, class 1862; F. A. Reckard, class 1864; R. R. Resseguie, class 1867; David Robertson, class 1867; Meinard Risch, class 1869; Nelson Rinedollar, class 1869; S. W. Ransom, class 1870; W. D. Saxton, class 1865; Joseph Sterret, class 1869; W. M. Stratton, class 1870; W. H. York, class 1864; J. B. Woodson, class 1868.

S. A. McWILLIAMS, M. D.,

Permanent Secretary and Treasurer, No. 166 State Street

Brainard Medical Society.

The Society met in the Court House in Winamac, Ind., April 6, 1871, Dr. Cleland in the chair.

Drs. T. M. Goldsberry and A. S. Campbell of North Judson, and H. E. Pattison of Star City, were admitted to membership. Drs. Hoag, Cleland, Campbell and Thomas reported interesting cases in practice. The fifth annual election of officers was then had, which resulted as follows:

President—W. T. Cleland, Kewana.

Secretary—I. B. Washburn, Star City.

Treasurer—Wm. Kelsey, Monterey.

Censors—F. B. Thomas, J. B. Hoag, and A. S. Campbell.

Delegates to State Society—Drs. Washburn, Kelsey, Kittinger, Thomas, Glazebrook, and Hoag.

The Society adjourned to meet in Star City, Ind., July 6, 1871.

I. B. WASHBURN, Sec.